

Card Holder

2018 Toyota AFL Grand Final Melbourne Cricket Club Members Ballot Wheelchair, Accessible Seating and Companion Card Holders





Name										N	Леmber No:			
Email address										D	ate of Birth:			
Address										,				
Suburb					State					Postcode				
Home phone	Work phone								Mobile	•				
Examples of con	npleted forms are	overleaf						II.						
Member Name		Member Barcode Number		r 6	Type of seat required? - One per member, enter "1" where required			*If required, member n and provide t		I require a Companion Card?* r must have a Government issued Companion Card e the number below to be issued with an Reserved Seat ticket for their companion.				
					Vheel- hair bay	eel- Reserved ir bay Seat		Companion Card ticket required? Y/N			I Companion card number *			*
TOTAL NUMBER of	WHEELCHAIR BAYS			,	4									
TOTAL NUMBER of I	RESERVED SEATS					B	Additional Barcoo Number (if applicable)							
TOTAL NUMBER of (A Reserved Seat Tid TOTAL NUMBER OF (If successful in the b	cket will be issued) PATRONS ATTEND		ed Seats / Bay	tickets	that wi	ll be iss	•	C for th	nis reques	t)	Ticket	Value \$30	per n	nember
* Members are permitted a maximum of 2 tickets per ballot registration; a member's ticket and an additional member's card or Guest card. An additional complimentary ticket for a Government issued Companion Card will also be accepted. Members wishing to sit together MUST register on one form. Please provide further details that we may require to allocate your tickets: (for example – medical conditions, limited stairs, etc)														
Once all registrations in the Ballot have been randomised, tickets will be allocated accordingly. Attempts will be made to allocate successful members with ticket/s as per any extra details listed above, however this is not guaranteed.										 d.				
	Applica	itions must	be received Please retu			-				ust 2	2, 2018			
Mail: Club Operations Coo Melbourne Cricket C PO Box 175, EAST M		2	rieuse rete	Emai	il: <u>memb</u> (03) 965	ership@ 0 5682	mcc.	org.au	<u>u</u>	unter i	inside Gate 2			
OFFICE USE ONLY	CID	Section	on		Row				Seat/s	1		MCC Auth		
PAYMENT DETA	ILS (Visa / Maste	rCard / Ame	ex)							_	tration fee of \$5.00			mpanion
Card Number									registra	ation. If successful i d the balance of the	n the ballot, y	ou wi		
Expiry Date		C	vc								ccessful, the registr	ation fee will	be ref	unded.

Signature

Example A: Member attending with a carer utilising the Companion Card entitlement. This member requires a wheelchair bay and the assistance of a carer in a reserved seat.

Member Name	Member Barcode Number	Type of s required - One per enter "1" required	? member,	Do you require a Companion Card?* *If required, member must have a Government issued Companion Card and provide the number below to be issued with an additional Reserved Seat ticket for their companion.			
		Wheel- chair bay	Reserved Seat	Companion Card	Companion card number *		
Example A [.] Joe Bloggs	3215 4535 6542	1		Y	X123456789/00		
TOTAL NUMBER of WHEELCHAIR BAYS							
TOTAL NUMBER of RESERVED SEATS			B	Additional Barcode Number (if applicable)			
TOTAL NUMBER of COMPANION/CARERS (A Reserved Seat Ticket will be issued)				C 1			
TOTAL NUMBER OF PATRONS ATTENDING (A+B+C) (If successful in the ballot, this is the total of Reserved Seats / Bay tickets that will be issued for this request) Ticket Value \$30 per member							

Example B: Member attending who requires accessible seating, accompanied by another MCC member.

Member Name	Member Barcode Number	Type of s required - One per enter "1" required	? member,	Do you require a Companion Card?* *If required, member must have a Government issued Companion Card and provide the number below to be issued with an additional Reserved Seat ticket for their companion.			
		Wheel- chair bay	Reserved Seat	Companion Card	Companion card number *		
Example C: <i>Tim Jones</i>	3215 4535 6542 98		2	No	(this member is attending with another member)		
TOTAL NUMBER of WHEELCHAIR BAYS							
TOTAL NUMBER of RESERVED SEATS			B 2	Additional Barcode Number (if applicable)	3215 4535 6555 68		
TOTAL NUMBER of COMPANION/CARERS				c			
(A Reserved Seat Ticket will be issued) TOTAL NUMBER OF PATRONS ATTENDING (A+B+C) (If successful in the ballot, this is the total of Reserved Seats / Bay tickets that will be issued for this request) Ticket Value \$30 per member							