



# 2019/20 HIDDEN DISABILITY WRISTBAND FORM

Please complete this electronic form and save to your hard drive before attaching it to an e-mail addressed to: **dlo@htafc.com**

**DISABLED SUPPORTER DETAILS** (all sections to be completed)

**First Name:**

**Surname:**

**Address:**

**Post Code:**

**Home Telephone Number:**

**Client Reference No** (as on season card):

**Mobile Telephone Number:**

**Date of Birth:**

**E-mail address:**

## NATURE OF DISABILITY & ACCESS REQUIREMENTS

**Example:** Autism

Is there any further information you can provide to help our staff support you:

**If yes please state:**

**WHICH BEST DESCRIBES YOU** (Please select)

Season Card Holder

Stand

Row

Seat

Terrier Member

First time purchaser

## EMERGENCY POINT OF CONTACT (all sections to be completed)

**First Name:**

**Surname:**

**Contact Telephone No:**

**E-mail address:**

Upon receipt of all documentation, the request for a wristband will be reviewed by our Disability Liaison Officer (DLO). Supporters will be notified via e-mail and the wristband sent out via post. Contact [dlo@htafc.com](mailto:dlo@htafc.com) or call 01484 960 606 and select 'option 5'

**Signature:**

**Date:**

**DATA PROTECTION**

[www.htafc.com/htafts-privacy-policy](http://www.htafc.com/htafts-privacy-policy)



**THE TERRIERS**