

UEFA Super Cup 2002, 30th August - Monaco – Stade Louis II
Ticket application form



PLEASE SEND THIS REQUEST FORM:

By POST to: AS Monaco FC – Billetterie
 Stade Louis II
 7 avenue des Castelans
 MC – 98014 Monaco Cedex

By FAX to: +377 99 99 89 17 or +377 92 05 24 54

Closing date: 15 July 2002

Ticket details:

*	Premières	Secondes
PRICE	35 Euro	25 Euro
NUMBER OF TICKETS (max. 4 tickets)	<p>p 1</p> <p>p 2</p> <p>p 3</p> <p>p 4</p>	<p>p 1</p> <p>p 2</p> <p>p 3</p> <p>p 4</p>
TOTAL AMOUNT DUE	Euro	Euro

Personal details: (in capital letters)

1- Applicant

Name:	Surname:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth (dd/mm/yyyy):
Street name:	
Postcode:	Town/City:
Province:	Country:
Fax:	e-mail:

2- Second User 1

Name:	Surname:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth (dd/mm/yyyy):
Street name:	
Postcode:	Town/City:
Province:	Country:
Telephone:	e-mail:

Second User 2

Name:	Surname:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth (dd/mm/yyyy):
Street name:	
Postcode:	Town/City:
Province:	Country:
Telephone:	e-mail:

Second User 3

Name:	Surname:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth (dd/mm/yyyy):
Street name:	
Postcode:	Town/City:
Province:	Country:
Telephone:	e-mail:

Ticket terms and conditions: (excerpts)

The ticket request is subject to previous acceptance by the Applicant of the terms and conditions of the UEFA Super Cup 2002 which can be consulted on the website www.uefa.com or can be obtained from AS Monaco FC.

Applicants may apply for a maximum of four tickets, one for the Applicant and one for specific friends or relatives (the 'Second Users'). The LOC reserves the right to allocate seats in price categories other than those specified in the application. Tickets are non-transferrable. Tickets may not be used for any commercial, advertising or promotional purposes.

I hereby confirm that I have read, understood and accepted the terms and conditions of the UEFA Super Cup 2002.

On receipt of a fax confirmation of your order from AS Monaco, the total amount indicated should be transferred to the following account:

Bank: **CREDIT FONCIER MONACO SIEGE**

Account name: **AS Monaco FC – Supercoupe**

Bank code: **12739**

Code guichet: **00070**

Account Number: **0104987000Y**

Clé RIB: **37**

Signature: _____

Date and place: _____