Number:	

DONCASTER ROVERS SUPPORTERS CLUB

MEMBERSHIP FORM

I wish to be enrolled as a member of the above club. **(PLEASE USE BLOCK CAPITALS)**

BRANCH (Please tick one box)

MAIN	
RETFORD	
ISLE- OF - AXHOLME	

NAME:

TITLE:

MR	
MRS	
MISS	

ADDRESS:

P	**O**	**S**	**T**		**C**	**O**	**D**	**E**					*				*	*

CONTACT TELEPHONE No 1	
CONTACT TELEPHONE No 2	

(MUST BE FILLED IN FOR ALL MEMBERS)

ADULT £7	
CONCESSIONS £5	

IF POSTING, SEND TO:
Mr L South
29 Ennerdale Road
Wheatley Hills
Doncaster
DN2 5QR
WITH APPROPRIATE FEE.

Cheques made payable to Doncaster Rovers Supporters Club

The Supporters Club will be unable to take under 16's to away games, unless accompanied by a responsible adult.

I confirm that I agree to abide by the rules and constitution of the Supporters Club and uphold the good name of Doncaster Rovers Football Club.

All your details are secure and will not be shared with any third party in line with GDPR.

Signed: _____