



2020 Ticket Refund/ Exchange Application Form

Full Name:	
Address:	
Contact Number:	
Email Address:	

Ticket Refund:

Please fill in this section if you require a ticket refund:

Paid By: (Please tick as appropriate)					
Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Debit/ Credit Card	<input type="checkbox"/>

Please tick to confirm:	
<input type="checkbox"/>	I am the ticket purchaser and I have enclosed my original match day tickets.
<input type="checkbox"/>	I understand all refunds will be dealt with 28 days after the match date and if I purchased my tickets by cash or cheque, the refund will be subject to a £2 administration deduction. Alternatively, if I paid by card, I am aware that I will receive a refund onto the card I originally used to purchase. This will be for the ticket value only and will not include any transaction charges paid at the time of purchase.

Signed: _____

Date: _____

Ticket Exchange:

Please fill in this section if you require a ticket exchange

Please list the three dates you wish to exchange your tickets for: (1 being the most preferred fixture, group matches only)	
1.	
2.	
3.	

Please tick to confirm:	
<input type="checkbox"/>	I am the ticket purchaser and I have enclosed my original match day tickets.
<input type="checkbox"/>	I understand Somerset CCC will allocate one of the above fixtures dependent upon ticket availability and that tickets can only be exchanged in the same season.

Signed: _____

Date: _____