

APPLICATION FOR SEASON TICKET SEAT REALLOCATION BY LEGITIMATE CAUSES

Applicant member's name and surname(s): _____

Member's clau number: _____

I hereby request to be allocated a different seat to the following season ticket(s): Camp Nou Mini Estadi Palau Bàsquet Parking, held by the undersigned due to the following reasons:

and take into account the following restrictions regarding these seats (please specify what kind of seat you are willing to accept): _____

Signature: _____

ID / Passport: _____ Date: ____/____/____

Please Fill in all details and sign.

	Member 1	Member 2	Member 3	Member 4
Name and surname(s)				
Member's Clau				
ID number				
Porta				
Boca				
Fila				
Seat				
Signature				

- Enclose medical report in case of physical problems.
- Enclose documents to prove kinship relationship in case of family grouping.

You can send this form (enclosing all the requested documents) via the following means:

- Email: oab@fcbarcelona.cat
- Fax: (+34) 93 496 3797
- By Post or in person: OAB, FC Barcelona, Av. Aristides Maillol s/n 08028 Barcelona.