SEASON 2025/26 STUDENT APPLICATION FORM

DEADLINE: FRIDAY 3RD OCTOBER 2025
TO OBTAIN OR RETAIN THE STUDENT SEASON TICKET PRICE, PLEASE COMPLETE AND RETURN THIS FORM VIA POST TO STUDENT APPLICATIONS, CELTIC TICKET OFFICE, CELTIC PARK, GLASGOW, G40 3RE OR BY EMAIL TO TICKETS@CELTICFC.CO.UK, ENSURING THAT YOU INCLUDE YOUR CLIENT REFERENCE IN THE SUBJECT HEADING.

(Failure to return this form will result in your application to obtain or retain the student price being rejected your Season Ticket being suspended and/or your ability to purchase match tickets for domestic cup and European competitions being withdrawn until such time as the difference in price between the student price and full Season Ticket price is paid in full. Students must present a valid matriculation card if requested on match day. Failure to do so may result in ejection from the stadium.)
Student Season Ticket concession may only be claimed for a maxiumum of five (5) consecutive years.

The personal data provided on this form shall be processed, stored and transferred in accordance with the terms of the Club's privacy policy, which is available at celticfc.com

Name:	
Client Reference:	
Contact Number:	
Email Address:	

Student Declaration:

☐ I confirm that I will be a full time student for the full 2025/26 Season.
I have a valid full time enrolment letter and have attached a photocopy to this email/letter.

☐ I do not have a valid full time enrolment letter. My college/university has completed the below authorisation to confirm that I will be a full time student for the full 2025/26 Season.

By signing this form I confirm that I accept, and will comply with, the Club's Season Ticket Terms and Conditions and the additional conditions in this Student Application Form.

Signed:	Date:

TO BE COMPLETED BY COLLEGE/UNIVERSITY IF THE STUDENT DOES NOT HAVE AN ENROLMENT LETTER

College/University stamp here	**I can confirm that the above person is in FULL TIME education for the 2025/26 academic year.** Print name of College/University Representative: Name of College/University: Position at College/University: Contact Number: Signature of College/University Representative: Date:

For official use only
Processed by:
Date processed: