

1. Your Details

Mr / Mrs / Miss / Ms / _____
 First name _____ Family name _____
 Address (tickets will be mailed here) _____
 _____ Postcode _____
 Phone _____ Mobile _____
 Email _____

2. Number of Subscriptions

ALL 6 PLAYS

Qty	Type	No. of plays	Cost	Total
	Full	6	@ \$120	\$
	Conc	6	@ \$96	\$
TOTAL				\$

OR

ANY 5 PLAYS

Qty	Type	No. of plays	Cost	Total
	Full	5	@ 105	\$
	Conc	5	@ \$85	\$
TOTAL				\$

Your student / concession / pension card no.: _____

3. Performance Dates / Seating

Play	1st Choice Date	2nd Choice Date
Play 1 - Anne of Green Gables		
Play 2 - Art		
Play 3 - Bell, Book & Candle		
Play 4 - Stella By Starlight		
Play 5 - Pygmalion		
Play 6 - Deathtrap		

Preferred seating. (Every effort will be made to assign your preferred seats, but no guarantee given.)	Row	Seat

4. Calculate Total Cost

TICKET COST _____
 from step 2
 (no booking fee payable)
 TOTAL _____

5. Special Information (Important - please tick if applicable)

Is **wheelchair access** required? Would you like use of the **foyer/kitchen for supper**?
 Would you like some bookings converted to **Dinner/Show tickets**?
 We will contact you to discuss details.

6. How to Pay

Cheque Money Order Credit Card
 Make payable to Castle Hill Players Inc Please complete authority below

Bankcard Visa Mastercard

Name on card _____
 Card number
 Expiry Date _____ Authorising Signature _____

7. Additional Addresses

Please list the names & addresses of individual subscribers covered by this booking. They will receive *The Pavilion* free of charge and be entered in the prize draws. Please attach additional sheets if necessary.

