

1 YOUR DETAILS - PLEASE PRINT CLEARLY

First name _____ Family name _____

Address (tickets will be mailed here) _____

_____ Postcode _____

Phone/Mobile _____ Email _____

2 NUMBER OF SUBSCRIPTIONS

ALL 6 SHOWS

Qty	Cost	Total
	@ \$120	\$
TOTAL		\$

ANY 5 SHOWS

Qty	Cost	Total
	@ \$110	\$
TOTAL		\$

NOTE: THERE ARE NO ADULT/CONCESSION PRICES FOR SUBSCRIPTIONS

Your student / concession / pension card no. (please circle one):

IF YOU ARE CHOOSING A FIVE SHOW PACKAGE, GO TO STEP 4.

3 PERFORMANCE DATES/SEATING 6 SHOW PACKAGES ONLY

See EVERY production and let us work out the dates. PLEASE TICK ONE BOX ONLY. I would like tickets to:

- every opening night of all 6 shows **P1**
- every closing night of all 6 shows **P2** the second Friday of all 6 shows **P3** the last Friday of all 6 shows **P4**
- the first Saturday of all 6 shows **P5** the second Saturday of all 6 shows **P6** the third Saturday of all 6 shows **P7**
- the first Sunday of all 6 shows **P8** the second Sunday of all 6 shows **P9** the last Sunday of all 6 shows **P10**
- the first Wednesday of all 6 shows **P11** the second Wednesday of all 6 shows **P12** the last Wednesday of all 6 shows **P13**

If you have chosen one of these packages, please go to STEP 5.
If these packages don't suit you, please go to STEP 4 and create your own season.

NOTE: With no show on Good Friday, there is no option for a third Friday of all 6 shows package.

4 CREATE YOUR OWN SEASON & CHOOSE YOUR DATES

Play	1st Choice Date	2nd Choice Date	Play	1st Choice Date	2nd Choice Date
1. Dr Jekyll & Mr Hyde			4. The Cripple of Inishmaan		
2. Things I Know to be True			5. The Witches		
3. Always a Bridesmaid			6. Entertaining Angels		

5**CHOOSE YOUR SEATS****Preferred seating.**

Every effort will be made to assign your preferred seats, but **NO GUARANTEE IS GIVEN.**

Row	Seat

F9 and F10 are wheelchair access seats. You are not able to request them unless wheelchair access is required.

- Is hearing loop seating required? *Rows G to P.*
- Would you like use of the **foyer/kitchen for supper?**
- Is **wheelchair access** required?

6**TOTAL TICKET COST****TOTAL TICKET COST**

from step 2
(no booking fee payable)

\$ _____

PLEASE TICK HERE

- I understand that ticket exchanges can only be made by telephone on 9634 2929 at a cost of \$3.85 (incl. gst) per transaction (fee may change at discretion of ticketing agency). You cannot exchange tickets at the theatre's box office. **Your first exchange for each play is FREE but you will be charged for any subsequent changes.**

7**HOW TO PAY**

Cheque

Make payable to Castle Hill Players Inc

Money Order

Credit Card

Visa Mastercard

Please complete authority below

Name on card _____

Card number _____ / _____ / _____

Expiry Date _____ Validation/Security No. _____
(last 3 digits on back of card)

Authorising Signature _____

THE PAVILION THEATRE
WWW.PAVILIONTHEATRE.ORG.AU
HOME OF THE CASTLE HILL PLAYERS
 IN THE CASTLE HILL SHOWGROUND SINCE 1966!



Mail this form to our ticketing agency,
TAZ Entertainment at:
PO Box 4072, Swan View WA 6056

Or scan & email to: Boxoffice@paviliontheatre.org.au