

POSTAL BOOKING FORM

LIVING TOGETHER

Preferential booking period closes Wednesday 10th April 24

Name: _____

Phone No. _____

Email address: _____

If you would prefer to have your tickets emailed rather than being posted, please provide your email address, and please do not provide us with an envelope.

Please ensure to provide printed or electronic tickets at the door.



Please book seats for the following performance

(Tick **one box only** on each preference line):

Evening	Thu	Fri	Thu	Fri
May 2024	2 nd	3 rd	9 th	10 th
1st pref	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd pref	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Matinees 2.00pm	
	Saturday	Saturday
	4 th	11 th
1st pref	<input type="checkbox"/>	<input type="checkbox"/>
2nd pref	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: EVENING PERFORMANCES COMMENCE AT 7.30PM MATINEES AT 2.00PM

As this is our 75th anniversary we would like to thank all our subscribers for their support over many years and provide you with a free drink voucher for each subscription ticket booked. The voucher will be provided when you book your tickets for this production. Sincerely thank you for your support.

Tickets required:

..... prepaid vouchers enclosed \$ 0

.....additional full tickets @ \$25 \$.....

.....additional concession tickets @ \$20 \$.....

_____ children's tickets (12 & under) @ \$15 \$_____

_____ **Total number of tickets required** \$_____

COVID Policy and
Privacy Policy:
Please see our Website
www.stjudesplayers.asn.au

PAYMENT DETAILS (if required)

Payment by cheque / money order / credit card (Please circle one)

(Please tick one box) Visa Master Card

Card Number/...../...../.....

Expiry Date/.....

Name on Card

Signature

**Special seating requirements (wheelchair/walking frame/sight/hearing etc
A stamped self-addressed envelope for the return of tickets must be enclosed—thank you**

Please post this form and enclosures to:SJP Booking Officer, PO Box 52, BRIGHTON 5048