

POSTAL BOOKING FORM

A HARD GOD

Preferential booking period closes Wednesday 16th October 2024

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
November	7 th	8 th	14 th	15 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"/>

<p>Saturday Twilight 4.30 pm 9th</p> <p><input type="checkbox"/></p>
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<p>Saturday Matinee 2.00 pm 16th</p> <p><input type="checkbox"/></p>
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***PLEASE NOTE: EVENING PERFORMANCES COMMENCE AT 7.30PM
MATINEES 2.00PM - TWILIGHT 4.30PM SATURDAY 9TH ONLY***

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** \$_____

<p>Privacy Policy: Please see our Website www.stjudesplayers.asn.au</p>
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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