

POSTAL BOOKING FORM

THE REVLON GIRL

Preferential booking period closes Wednesday 1st October 25

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 | Sat | Thu | Fri | Sat |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| November 2025 | 6 th | 7 th | 8 th | 13 th | 14 th | 15 th |
| 1st pref | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Matinees 2.00pm

| | Saturday 8 th | Saturday 15 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

Tickets required:

..... prepaid vouchers enclosed \$ 0

.....additional full tickets @ \$28 \$.....

.....additional concession tickets @ \$24 \$.....

.....party booking – 10 or more @ \$21 \$.....

(Please note subscription vouchers will not count as part of the party booking)

_____ 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