

POSTAL BOOKING FORM

OLIVER TWISTED

Preferential booking period closes Wednesday 19th October 2022

Name: _____

Phone No. _____

Email address: _____



If you would prefer to have your tickets emailed rather than 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
Nov 2022	10 th	11 th	17 th	18 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"/>

4 Matinees – no Saturday evening			
Sat	Sun	Sat	Sun
12 th	13 th	19 th	20 th
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

THERE ARE NO SATURDAY EVENING PERFORMANCES

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 \$_____

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