NEW Season Tickets Application Form



Lilydale Athenaeum Theatre Company Inc. Phone 9735 1777

| ** (Pleas | se Note: NOT fo | (Sea | (Season Tickets are for one calendar year.) | | | |
|--|-----------------|---------------|---|-----------|-------------------|--------------|
| Name: (Mr / Mrs / Ms) | | | | | | |
| Postal Address: | | | | | | |
| | | | | | Postcode: | |
| Please ensure you leave a number with which you can be contacted during business hours. | | | | | | |
| Home Ph: | | _ | Work Ph: | | | |
| Mobile Phone: | | | | | | |
| Email Address: | | | | | | |
| Performance Preferences: Please number as many boxes as you like in order of preference. (NB - the more alternative nights you number, the more chance you have of getting your preferred seating.) | | | | | | |
| Week 1 2018 | | | | | Week 3 2018 | Tuesday |
| | | Week | Wednesday | | | Wednesday |
| | Thursday | - Week 2 | Thursday | | | Thursday |
| | Friday | 2018 | Friday | | | Friday |
| | Saturday | 2018 | Saturday | _ ~ | | Sat. Evening |
| | Sunday Matinee | : | Sunday Matinee | | | Sat. Matinee |
| Seating Preferences: Please number as many boxes as you like in order of preference. | | | | | | |
| Closest to the stage. A B C D E F | | | | | | |
| Row A is the front row (Note: Rows A & B are flat). | | | | | | |
| Tiered rows (from C to N). G H I J K L M Row N is the back row. | | | | | | L M N |
| Would you prefer an aisle seat? or be closer to the middle of the row? | | | | | | |
| Number of seats you require: @ \$85.00 per person per year. | | | | | | |
| If you are mailing this form, please complete the payment details below, and post to: | | | | | | |
| Lilydale Athenaeum Theatre, P.O. Box 393, Lilydale, 3140. | | | | | | |
| Cheque (Payable to "Lilydale Athenaeum Theatre Company Inc") - Amount: | | | | | | |
| Credit Card (complete details below) | | | | | | |
| Credit Card Numbers (Visa / Mastercard): Expiry Date: 3 digit secure code | | | | | | |
| | | | | | | |
| (Credit card details will be destroyed immediately after processing.) Month Year (on back of card) | | | | | | |
| Name on | Card | Cardholder | Cardholder's Signature | | | |
| | | Paid (Method) |) Date | Date Sent | | SABO D'Bbase |
| Office | Use Only: | | 1 | 1 | | |