NEW Season Tickets Application Form



Lilydale Athenaeum Theatre Company Inc.

Phone 9735 1777

(Season Tickets are for one calendar year.)					
Name: (Mr / Mrs / Ms)					
Postal Address:					
					code:
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					Tuesday
			Wednesday		Wednesday
	Thursday	Week	Thursday	Week	Thursday
	Friday	2	Friday	_ 3	Friday
	Saturday		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. Row A is the front row (Note: Rows A & B are flat).					
Tiered rows (from C to N). Row N is the back row. G H I J K L M N					
Would you prefer an aisle seat?					
Number of seats you require: @ \$110.00 per person per year (5 shows).					
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 details will be destroyed immediately after processing.) Month Year					
Name on Card Cardholder's Signature					
		Paid (Method) Date	e Sent	SABO D'Bbase
Office Use Only:		,	,	1	