SUBSCRIBE NOW FOR 2020 FIVE SHOWS FOR \$100 FULL SEASON FOR \$120



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Mr/Mrs/Ms/Miss/Dr		
NAME		
POSTAL ADDRESS		
	P/CODE _	
TELEPHONE		_(Day/Night)
EMAIL		

(Please complete all details that are applicable)

2. Choose Your Performances

- . Choose one seat at 5 performances (\$100) or one seat at 6 performances (\$120)
- . Evening performances start at 7:30pm (Fri/Sat)
- . Matinee performaces start at 2pm (Sat/Sun)

SHOW	PREF	DATE	TIME
1. Viagara Falls (Comedy)	1st		
Evenings Feb 14, 15, 22, 28, 29 Matinees Feb 15, 22, 23, 29	2nd		
2. Beauty Queen of Leenane (Black Comedy)	1st		
Evenings Apr 17, 18, 25 May 1, 2 Matinees Apr 18, 25, 26 May 2	2nd		
3. First Things First (Comedy)	1st		
Evenings Jun 12, 13, 20, 26, 27 Matinees Jun 13, 20, 21, 27	2nd		
4, Xanadu (Musical Comedy)	1st		
Evenings Aug 7, 8, 15, 21, 22 Matinees Aug 8, 15, 16, 22	2nd		
5. Sunflowers (Senior Theatre)	1st		
Evenings Sep 25, 26 Oct 3, 9, 10 Matinees Sep 26 Oct 3, 4, 5, 10	2nd		
6. Red Riding Hood (Pantomime)	1st		
Evenings Nov 13, 14, 21, 27, 28 Matinees Nov 14, 21, 22, 28	2nd		

2. CHOOSE YOUR SEAT

Select your preferred seat for performances

Preference			

Seated with other patron ____ (not included in this purchase)

4.	C HOOSE	YOUR	PACKAGE
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PACKAGE	PRICE	QTY	TOTAL
Subscription (5 Shows)	\$100		
Subscription (6 Shows)	\$120		
Drinks Package (5)	\$20		
TOTAL (A)			

Additional seats, at full price, may be booked for any performance at the time of your subscription booking.

Date	Qty	Ad/Con/Ch	Cost	TOTAL
TOTA	L (B)			

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5 . P A	YMENT D ETA	ILS				
Choose	your payment typ	e				
	CASH/EFTPOS	Submit your form IN PERSON				
	CHEQUE	Submit your form by POST or IN PERSON				

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EXPI	EXPIRY DATE											

6. How To Submit Your Form

POST: SUNNYBANK THEATRE GROUP

c/- PO Box 2052 RUNCORN Q 4113

SIGNATURE

TOTAL (A) . TOTAL (D) -

PHONE: 3345 9423 / 0411 277 157

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