



### Ticket Request by Fax

Complete the ticket request form below in clear BLOCK printing -

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Ticket/s required:     **Tickets are Non-Refundable**

<u>Adult:</u>	<input type="checkbox"/>	- at <u>\$49 each.</u>
<u>Senior:</u>	<input type="checkbox"/>	- at <u>\$45 each.</u>
<u>Student:</u>	<input type="checkbox"/>	- at <u>\$15 each.</u> (Primary Students. - FREE)
<u>Group:</u>	<input type="checkbox"/>	- at <u>\$40 each ticket –</u> <u>Purchased in a Block of Ten (10) tickets or more.</u>

I will pay by:     Cash  Cheque  Other

Credit Card (Visa and Mastercard only) Visa: <input type="checkbox"/> Mastercard: <input type="checkbox"/> □□□□   □□□□   □□□□   □□□□ Exp: □□ / □□ Name shown on Card: _____
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I herewith authorise the amount of: \$..... to my above Credit Card.

Please process my ticket request/s and confirm to me by -

Email:  Telephone:  Postal mail:

Signature: ..... Date: .....

**FAX TO: 02 4341 6004**