

NEW Season Tickets Application Form



**Lilydale Athenaeum
Theatre Company Inc.**
Phone 9735 1777

**** (Please Note: NOT for Renewals)**

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	Wednesday	<input type="checkbox"/>	Week 2	Wednesday	<input type="checkbox"/>	Week 3	Tuesday	<input type="checkbox"/>
	Thursday	<input type="checkbox"/>		Thursday	<input type="checkbox"/>		Wednesday	<input type="checkbox"/>
	Friday	<input type="checkbox"/>		Friday	<input type="checkbox"/>		Thursday	<input type="checkbox"/>
	Saturday	<input type="checkbox"/>		Saturday	<input type="checkbox"/>		Friday	<input type="checkbox"/>
	Sunday Matinee	<input type="checkbox"/>		Sunday Matinee	<input type="checkbox"/>		Saturday	<input type="checkbox"/>

Seating Preferences: Please number as many boxes as you like in order of preference.

FRONT Section. Closest to the stage. Rows are flat. Row A is the front row.

A	B	C	D	E	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BACK Section. Tiered rows. Row M is the back row.

F	G	H	I	J	K	L	M
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you prefer an **aisle** seat? or be closer to the **middle** of the row?

Number of seats you require: @ **\$76.00** 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.



<input type="checkbox"/> Cheque (Payable to "Lilydale Athenaeum Theatre Company Inc")	- Amount: <input style="width:50px;" type="text"/>
<input type="checkbox"/> Credit Card (complete details below)	

Credit Card Numbers (Visa / Mastercard):

Expiry Date:

(Credit card details will be destroyed immediately after processing.)

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Name on Card Cardholder's Signature

Office Use Only:	Paid (Method)	Date Sent	Small Env.	Mstr Seat Chrt	D'Base	Book
		/ /				