

BOX OFFICE REQUIREMENTS SCHEDULE A



**THIS FORM MUST BE COMPLETED AND RETURNED
PRIOR TO THE OPENING OF BOOKINGS**

PRODUCTION _____

Contact Person _____

Company _____

Address _____ P/C _____ State _____

Phone _____ Mobile _____ Fax _____

Email Address _____

(All correspondence and Invoicing will use the address supplied above unless otherwise advised)

ABN (Australian Business Number) _____

GST Registration Number _____

WORDING ON TICKETS _____

Presents

Do you require reserved seating? Tickets are numbered for particular seats.

OR

Do you require general admission (unreserved) seating) Tickets are not numbered for seats. Patrons sit anywhere they like.

TICKET PRICING

Ticket Prices includes GST and Theatre Booking Fee of \$3.50 per ticket

1. Adult Ticket Price: \$ _____
2. Pensioner/Concession: \$ _____
3. Child (age 2 years & up to Year 12 High School): \$ _____
4. Friends of the theatre - less 10%: OR \$ _____
5. Groups of _____ or more persons: \$ _____
6. Groups of _____ or more persons \$ _____
7. Other _____ \$ _____
8. Other _____ \$ _____

COMMENCEMENT OF SALES

The day and date the Box Office is requested to commence sales: _____ / _____ / _____

(NOTE: Box Office Coordinator requires **TWO WORKING DAYS** to load ticket information)

VENUE DETAILS

LAYCOCK ST AUDITORIUM

DON CRAIG ROOM

PENINSULA THEATRE

Please circle venue hired

PERFORMANCE DETAILS

ITEM	DAY	DATE	PERFORMANCE START TIME	ESTIMATED FINISH TIME
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

COMPLIMENTARY TICKETS

If complimentary tickets are required by the Hirer prior to tickets going on sale, please advise requirements.

Signature: _____ Date: _____

PRODUCTION DETAILS

The following information is required by box office to assist in selling tickets to your production

Company _____

Name of show _____

Estimated length of Performance - Act 1 _____ Act 2 _____

Our intervals are 20 minutes. If you require a different interval time please state _____

Suitable for Adults _____ Suitable for children _____ Suitable for ages _____ to _____

Is this an original version _____

Short synopsis of production _____

Will the following be used (please circle)

Smoke Effects yes/no

Strobe lighting yes/no

pyrotechnics yes/no

Loud noises or frightening characters that may scare children _____

Comments _____
