

# 2016 Booking Form

## 1. SELECT PERFORMANCES

Tick which performances you would like to attend. If you'd like to choose your shows later, go straight to 2. Select Package

**The Dapto Chaser**

**They Saw A  
Thylacine**

**Picasso and His  
Dog**

**The Orchid and  
The Crow**

**At the Hip**

**MARCH**

Tue 15 8pm  
Wed 16 6.30pm  
Thu 17 11am  
Thu 17 8pm  
Fri 18 8pm  
Sat 19 3pm  
Sat 19 8pm

  
  
  
  
  
  

**MAY**

Tue 3 8pm  
Wed 4 6.30pm  
Thu 5 11am  
Thu 5 8pm  
Fri 6 8pm  
Sat 7 3pm  
Sat 7 8pm

  
  
  
  
  
  

**JUNE - JULY**

Wed 29 7pm  
Thu 30 10am  
Thu 30 1pm  
Fri 1 10am  
Fri 1 7pm  
Sat 2 3pm  
Sat 2 7pm

  
  
  
  
  
  

**SEPTEMBER**

Tue 13 8pm  
Wed 14 6.30pm  
Thu 15 11am  
Thu 15 8pm  
Fri 16 8pm  
Sat 17 3pm  
Sat 17 8pm

  
  
  
  
  
  

**NOVEMBER**

Thu 3 8pm  
Fri 4 8pm  
Sat 5 8pm  
Thu 10 8pm  
Fri 11 8pm  
Sat 12 3pm  
Sat 12 8pm  
Thu 18 8pm  
Fri 19 8pm  
Sat 20 3pm  
Sat 20 8pm

  
  
  
  
  
  
  
  
  
  
  

\*Opening Night

Morning Tea

Subscribers Only

Matinee

## 2. SELECT PACKAGE

**Flexi 5 Pack - Early Bird**  
**Flexi 5 Opening Nights**  
**Flexi 5 Standard**  
**Flexi 10**  
**Flexi 3**

Price	# Packs	TOTAL
\$160.00		
\$200.00		
\$180.00		
\$310.00		
\$110.00		

Total Packages \$

## 3. ADD A DONATION

Help create the theatre you love by rounding up your subscription with a donation. All donations over \$2 are tax deductible.

Donate \$100

Donate \$200

Donate \$300

Donate other \$

Total Donation \$

## 4. COLLECTION METHOD

Mail Out \$5.00

Box office collect \$0

Total Collect \$

## 5. PAYMENT DETAILS

Please tick one of the following payment methods:

Cheque payable to HotHouse Theatre Limited

EFTPOS / Cash - available at counter only

VISA/ Mastercard

  
  

TOTALS (1+2+3+4) \$

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry \_\_\_\_\_

CCV Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

## 6. YOUR DETAILS

Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Seating Requirements (Please provide details of any mobility, vision or hearing requirements you may have)

Please return completed form to HotHouse Theatre.

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