

SUBSCRIPTION

FORM

The TelstraClear Opening Season

PERSONAL DETAILS

Name: _____

Address: _____

_____ Postcode: _____

Phone (home): _____ (work): _____ (mobile): _____

Email address: _____

Please add me to your e-newsletter list

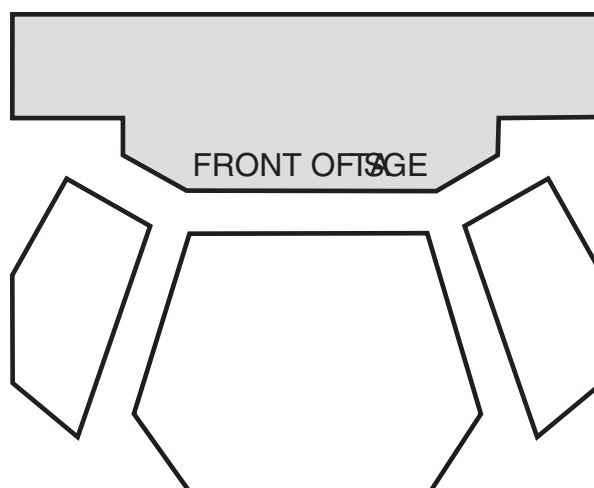
THE SEATS

The new auditorium has been designed to replicate the Court One experience as closely as possible, while improving sight lines and providing more comfortable seats.

Please indicate on the guide your preferred seating location.

Special seating requirements:

- I require ____ wheelchair seats (front row only)
- I require assistance to / from my seat.



Please note all patrons with special seating requirements must report to the Box Office 20 minutes before performance time.

THE NIGHTS

Mon (6.30pm) Tue (7.30pm) Wed (7.30pm) Thu (6.30pm) Fri (7.30pm) Sat (2pm matinee) Sat (7.30pm)

Your tickets can be exchanged if your chosen night is occasionally inconvenient (at least 24 hours notice is required.)

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THE SHOWS

Please select the shows you wish to attend (minimum of 3).

- A Shortcut to Happiness
 Side by Side by Sondheim
 Calendar Girls
 Much Ado About Nothing

TICKETS

Please select the number of tickets you wish to book for each production

Adults [] @ \$42.00 x _____ shows = \$ _____

Senior (65+) [] @ \$36.00 x _____ shows = \$ _____

Tertiary Student [] @ \$26.00 x _____ shows = \$ _____
(Please include a photocopy of your current student ID)

Court Supporters Inc. member [] @ \$34.00 x _____ shows = \$ _____
Membership no:

Total # seats [] **Total Tickets** \$ _____ (A)

Show programmes [] @ \$5.00 x _____ shows = \$ _____ (B)

TOTAL VALUE OF SUBSCRIPTION (A + B) \$ _____ (C)

DONATIONS (optional)

- \$50
 \$100
 \$250
 \$500
 Other _____

Please send me a receipt for tax purposes

I would like my donation to remain anonymous

TOTAL DONATION \$ _____ (D)

TOTAL AMOUNT PAYABLE TO THE COURT THEATRE (C + D) \$ _____

PAYMENT DETAILS

I enclose a cheque payable to The Court Theatre Trust

Please charge my Visa Mastercard

Card number

Name on Card _____

Expiry _____ Signature _____



Please post this completed form to: The Court Theatre, Opening Season, PO Box 268, Christchurch 8140
For subscription enquiries please phone 03 963 0870 or email bookings at www.courttheatre.org.nz

THANK YOU FOR YOUR SUBSCRIPTION. WE LOOK FORWARD TO SEEING YOU AT THE COURT THEATRE IN ADDINGTON!