

# 2019 Booking Form



## STEP 1 COMPLETE YOUR GROUP DETAILS

### DETAILS

Contact name: \_\_\_\_\_

Group name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

I would like to receive information and updates about Merrigong shows for Vacation Care groups.

### SEND INVOICES TO

Accounts contact: \_\_\_\_\_

Accounts email: \_\_\_\_\_ Phone number: \_\_\_\_\_

### ACCESS DETAILS

Do you have any students who require wheelchair access or mobility assistance? (for consideration when allocating seats).

NO  YES – please specify \_\_\_\_\_

Do you have any students with other specific needs? \_\_\_\_\_

NO  YES – please specify \_\_\_\_\_

### BOOKING CONDITIONS

1. Complete, sign and return the booking form.
2. An invoice will be sent to the school.
3. The non-refundable amount stated on your invoice is required by the invoice due date to secure your booking. Unpaid bookings are not held after this date and may be sold to other groups.
4. Payment cannot be accepted on the day of the event. Unpaid groups will not be admitted to the theatre.
5. Additional seats required within 4 weeks of a performance may be charged at full concession price, depending on availability.
6. Booking numbers cannot be reduced within 4 weeks of the event date and your school will be invoiced for the total number of tickets booked.
7. Bookings made within 4 weeks of an event are final.
8. Workshop places are subject to availability and will be confirmed by Merrigong staff.
9. Merrigong must receive full payment (cheque cleared) for the group booking before the date of performance.

## STEP 2 SELECT YOUR SHOWS

School Holidays	Show	Performance Date & Time	No. Children	No. Comp Teachers (per 8 students)	No. Additional Adults	Total
APRIL	Wolfgang's Magical Musical Circus		_(#tix)@\$15	_(#tix)@\$0	_(#tix)@\$28	
JULY	The Surfer and the Mermaid		_(#tix)@\$15	_(#tix)@\$0	_(#tix)@\$28	
OCTOBER	Revolting Rhymes and Dirty Beasts		_(#tix)@\$15	_(#tix)@\$0	_(#tix)@\$32	
<b>Total \$</b>						

## STEP 3 SIGN THE FORM

I agree to the booking conditions outlined on the previous page and sign on behalf of the school/organisation

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form with attention to:**

Education Coordinator

Merrigong Theatre Company

education@merrigong.com.au | Fax: 02 4226 9696 | Ph: 02 4224 5947

PO Box 786, Wollongong, NSW 2520