Education Booking Form



School Details		School Name						
Postal Address								
		State			Destende			
Suburb		State			Postcode			
Booking Teacher Name								
Department/Position					Mobile			
Fax		Email			I			
I would like to receive emails about other shows from Ensemble Theatre:								
Accounts		Name						
Telephone						Fax		
Email								
Booking		Please select a 1 st and 2 nd preference of dates.						
Name of show								
Date of Preference One		Date			e of Preference Two			
Type of Tickets		Attending		1	Price		Total (inc GST)	
Students								
Teachers Paid								
Teachers Free per 12 students								
Total								
Deposit Due 3 Weeks after Confirmation								
Office Use Date R		Received		Booking Ref:		D	Deposit Received:	
Terms & Conditions								
 20% deposit is required within 3 weeks of making the reservation Changes to student numbers must be in writing and no later than 3 weeks prior to performance. Final payment is due 3 weeks prior to the performance Changes to student numbers after this time are at the discretion of Ensemble Theatre and subject to availability. The booking is made on behalf of the school and the school accepts liability to make payments on due dates. Completed forms to be returned to Ensemble Theatre. 								
Signature		I have read and agree to the terms & conditions stated in this booking form. I am an authorised representative of the school described in this form.						
Signature								
Name					Dat	ate		
Completed forms & enquiries to			Enquiries: 02 8918 3419 Mail: 78 McDougall Street Kirribilli 2061					
Ensemble Theatre			Fax: 02 9954 4722					
	Email: spiros@ensemble.com.au							