



RIVERSIDE SEASON 2010
SUBSCRIPTION BOOKING FORM

Are you an existing patron? [] Yes
Please write your Patron Number in this box if you know it.

Are you a NEW Subscriber? [] Yes
Patron No:

STEP ONE: YOUR CONTACT DETAILS

Title [] Mr [] Mrs [] Ms [] Dr Surname
First Name Daytime Number Evening Number
Postal Address Mobile Number
Suburb Postcode Email Address
Would you like to join our mailing list?: [] Yes, by post [] Yes, by email [] Yes, by post and email [] No, thankyou

If you wish to be seated with other RiversideSaver Subscribers please submit forms together.

STEP TWO: ADDITIONAL PEOPLE

Please give full contact details of any additional subscribers you are buying for on this form (if more than two subscribers on this form- please give details in a separate document)

Title [] Mr [] Mrs [] Ms [] Dr Surname
First Name Daytime Number Evening Number
Postal Address Mobile Number
Suburb Postcode Email Address
Would you like to join our mailing list?: [] Yes, by post [] Yes, by email [] Yes, by post and email [] No, thankyou

STEP THREE: CONCESSION DETAILS

Please attach photocopied concession card and/or proof of age card for all seniors, pensioners, fulltime students and youth 30 & under you are purchasing for on this form.

STEP FOUR: SPECIAL SEATING REQUIREMENTS, ACCESSIBLE PARKING AND HEARING ASSISTANCE

NOTE: A limited number of Accessible Parking spaces for RTA Permit holders are available. An administration fee of \$3 applies for EACH reservation. We will attempt to accommodate your requirements. Do you require any of the following? (please tick)

Wheelchair access [] Or an aisle seat [] Left aisle [] Right aisle Seating in the first four rows due to sight reasons []
A Listen hearing receiver [] How many? Earpiece Hearing aid Loop
Accessible Parking (\$3 admin fee per time parked applies) [] Please provide your RTA permit number Expiry Date

OFFICE USE ONLY

Table with 4 columns: Date Received, Date Processed & Reference, Processed By, Date Posted

STEP FIVE: INDICATE YOUR PREFERRED PERFORMANCE DATES AND THE QUANTITY OF TICKETS REQUIRED After filling in appropriate columns, calculate the amount owing.

Play Name	1 st Preference			2 nd Preference			Pricing			Total
	Day	Date	Time	Day	Date	Time	Adult	Conc	30yrs + U	
Mathinna							____ x \$45	____ x \$40	____ x \$35	
Godzone							____ x \$45	____ x \$40	____ x \$35	
Toy Symphony							____ x \$45	____ x \$40	____ x \$35	
Stockholm							____ x \$45	____ x \$40	____ x \$35	
Halpern & Johnson							____ x \$45	____ x \$40	____ x \$35	
Macquarie							____ x \$45	____ x \$40	____ x \$35	
Lying Cheating Bastard							____ x \$45	____ x \$40	____ x \$35	
Driving Miss Daisy							____ x \$45	____ x \$40	____ x \$35	
La traviata							____ x \$45	____ x \$40	____ x \$35	
The Wharf Revue							____ x \$45	____ x \$40	____ x \$35	
Quack							____ x \$45	____ x \$40	____ x \$35	

PLUS ADD ON's

Shakespeare's R&J							____ x \$32	____ x \$28		
Burnt							____ x \$32	____ x \$28		
MICF Roadshow							____ x \$32	____ x \$28		
Norm & Ahmed							____ x \$28	____ x \$24		
Winter's Discontent							____ x \$32	____ x \$28		
Thank God It's Friday							____ x \$32	____ x \$28		
Tashi							____ x \$15	Family ticket ____ x \$50		
Gutenberg the Musical							____ x \$32	____ x \$28		
erth's dinosaur petting zoo							____ x \$15	Family ticket ____ x \$50		

DONATIONS to Parramatta Cultural Trust Donations of \$2 or more are tax deductible. Please tick box.	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> Other \$ _____	Accessible Parking Fees __ x \$3		
								Donation	
								Transaction Fee	\$3.60
								GRAND TOTAL	

I agree to have my name publicly listed as a donor

STEP SIX: PAYMENT METHOD

Cheque Money Order Credit Card *Please circle the credit card type* Visa Mastercard Amex
 Card Number ____ / ____ / ____ / ____ Exp date _____ Name on Card _____ Signature _____

STEP SEVEN: MORE ABOUT YOU (please circle)

Please indicate your age bracket 24 & under 25-34 35-44 45-54 55-64 65-74 75 & over **What is your gender?** Male Female Other
In which of the following categories would your total household income fall? \$35K & under \$35,001- \$45,000 \$45,001- \$65,000 \$65,001- \$85,000 \$85,001-\$125,000 \$125K +
How did you first find out about Season 2010? Mailed brochure Picked up a brochure Riverside Foyer Advertising Friend Press Article Website Email Other: _____

WHERE TO SUBMIT YOUR FORM By Post Riverside Theatres Box Office, PO Box 3636, Parramatta NSW 2124 By Fax (02) 9683 3267 In Person Riverside Theatres, Cnr of Church and Market Sts, Parramatta NSW