

COME OUT 2005 FAX BACK BOOKING FORM FOR EDUCATORS

Book by Monday 1 November 2004 and Come Out will waive the \$5 Booking Fee per performance and you will go into the draw to win 1 of 3 DVD players for your school valued at \$250 each.

BOOK NOW AND PAY LATER!!!

Pay a 10% deposit to secure your booking and pay the balance by 11 February 2005! (Term 1, Week 3)

HOW TO BOOK...

- 1 Phone Come Out School Bookings Office on 08 8267 6920 to confirm availability of the performance.
- 2 One Booking Form per performance is to be completed.
- 3 Photocopy this Booking Form, complete the details and fax to Come Out on 08 8267 4027 to secure your booking.
- 4 We will post you a Booking Confirmation Notice and a Tax Invoice.
- 5 Pass the Tax Invoice to your school's Bursar who will arrange full payment or a 10% deposit.
- 6 We will send you a Receipt for all payments.
- 7 Bring your Confirmation Notice to the venue on the day of your performance... This is your Ticket!

COME OUT BOX OFFICE

PO Box 569, North Adelaide SA 5006
 e bookings@comeout.on.net
 t 08 8267 6920 f 08 8267 4027
 HOURS 8.30am to 5.30pm Monday to Friday

BOOKING CONDITIONS

- 1 One Booking Form per performance is to be completed. Additional Booking Forms are available from the website at www.comeout.on.net.
- 2 Tickets are GST free.
- 3 Bookings not paid in full by Friday 11 February 2005 (Term 1, Week 3) will be forfeited to other schools.
- 4 A non-refundable deposit of 10% is required to secure bookings.
- 5 A Booking Fee of \$5 applies per performance.

DISABILITY ACCESS

Every Come Out 2005 activity and event is held in an accessible venue. For access details, please contact the Schools Bookings Office on 08 8267 6920.

DO YOU REQUIRE FURTHER ASSISTANCE OR INFORMATION?

For details regarding special effects during performances or any other enquiries, please email bookings@comeout.on.net or call Karen, Linda or Nell at the Schools Bookings Office, Monday to Friday, 8.30am to 5.30pm on 08 8267 6920.

BOOKING FORM - FAX NOW ON 08 8267 4027

SCHOOL/EDUCATION SITE DETAILS

School Name _____

School Address _____

Postcode _____

Phone _____ Fax _____

Is your School Categorised as Disadvantaged? Yes No

Your Name _____

Email Address _____

Are you an Arts Ambassador? Yes No

If 'No', would you like to register as an Arts Ambassador? Yes No

PERFORMANCE DETAILS

Show Title _____

Company _____

Performance Date _____ Performance Time _____

	Price	Quantity	Subtotal	Office Use Only
Students				
Free Teachers 1 per 10 Students	\$0.00		\$0.00	
Paying Teachers				
Office Use Date Sign	Total Charge + \$5.00			
Processed	Less 10% Deposit			
Confirmation/ Invoice Posted	Balance Owing			

