

# BELL SHAKESPEARE 2016 SEASON BOOKING FORM

## 1. YOUR DETAILS

Title	First Name	Surname
Address		
Suburb	State	Postcode
Phone	email	

I would like to receive emails from Bell Shakespeare with news, special offers and production information.

## 1. YOUR COMPANION DETAILS

Title	First Name	Surname
Address		
Suburb	State	Postcode
Phone	email	

I would like to receive emails from Bell Shakespeare with news, special offers and production information.

## 2. CHOOSE YOUR PREFERRED PERFORMANCES

### ROMEO AND JULIET SYDNEY OPERA HOUSE

Tues	Wed	Wed	Thu	Fri	Sat	Sat	Sun
6.30pm	1.00pm	6.30pm	7.30pm	7.30pm	2.00pm	7.30pm	4.00pm

February							
			25	26	27	27	28

Script to Stage

March							
1	2	2	3	4	5	5	
8	9	9	10	11	12	12	13
15		16	17	18	19	19	20
22		23	24		26	26	27

### OTHELLO SYDNEY OPERA HOUSE

Tues	Wed	Wed	Thu	Fri	Sat	Sat	Sun
6.30pm	1.00pm	6.30pm	7.30pm	7.30pm	2.00pm	7.30pm	4.00pm

October							
				28	29	29	30

Script to Stage

November							
1		2	3	4	5	5	6
8		9	10	11	12	12	13
15		16	17	18	19	19	20
22	23	23	24	25	26	26	27
29	30	30					

December							
		1	2	3	3	4	

### THE LITERATI SBW STABLES THEATRE (General Admission only\*)

Mon	Tues	Tues	Wed	Thu	Fri	Sat	Sat
7.00pm	1.00pm	7.00pm	7.00pm	7.00pm	7.00pm	2.00pm	7.00pm

June							
						4	4

6	7	7	8		10	11	11
13		14		16	17	18	18
20		21	22		24	25	25
27	28	28	29	30			

July							
						1	2
						2	2
4	5	5		7	8	9	9
11	12	12	13	14	15	16	16

\*This venue has limited access see page 26 of your 2016 season brochure for more information.

## 3. SEATING REQUIREMENTS OR PREFERENCES

## 4. MORE INFORMATION ON OTHER 2016 ACTIVITIES

Please send me information about joining the **Othello Syndicate**

Please send me a formal invitation for the **2016 Gala**

## 5. SELECT YOUR PACKAGE TYPE AND NUMBER OF TICKETS

PLEASE NOTE: Under 30 prices available for Sunday – Wednesday performances only. Under 18 prices available for all performances. Proof of age must be received for all Under 18 and Under 30 ticket holders.

Package Type	Full	Concession	Under 18	Under 30	Sub Total
3 Play Premium	x \$194	x \$159	x \$90	x \$100	\$
3 Play A Reserve	x \$170	x \$138	x \$90	x \$90	\$
2 Play Premium <i>Romeo And Juliet + Othello</i>	x \$152	x \$129	x \$60	x \$70	\$
2 Play A Reserve <i>Romeo And Juliet + Othello</i>	x \$127	x \$107	x \$60	x \$60	\$
2 Play Premium <i>The Literati + (Romeo And Juliet OR Othello)</i>	x \$126	x \$102	x \$60	x \$70	\$
2 Play A Reserve <i>The Literati + (Romeo And Juliet OR Othello)</i>	x \$114	x \$92	x \$60	x \$60	\$

## 6. ADDITIONAL TICKETS

Ticket Type	Full	Concession	Under 18	Under 30	Sub Total
<i>Romeo and Juliet</i> Premium	x \$81	x \$68	x \$33	x \$43	\$
<i>Romeo and Juliet</i> A Reserve	x \$68	x \$60	x \$33	x \$33	\$
<i>Othello</i> Premium	x \$81	x \$68	x \$33	x \$43	\$
<i>Othello</i> A Reserve	x \$68	x \$60	x \$33	x \$33	\$
<i>The Literati</i>	x \$50	x \$38	x \$32	x \$32	\$

## 7. CALCULATE YOUR PACKAGE AND TICKET TOTAL

Add together the values in the <b>sub-total</b> columns of section <b>5</b> and <b>6</b>	\$
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## 8. MAKE A DONATION All Donations over \$2 are tax-deductable.

I would like to contribute towards the work of Bell Shakespeare by making a donation of: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other (write your other amount column to the right)	\$
Please make my donation towards: <input type="checkbox"/> <b>Supporting Cast</b> – enabling Bell Shakespeare to direct funds where they are needed most <input type="checkbox"/> <b>Sharing Shakespeare</b> – to provide opportunities for those less fortunate in our community <input type="checkbox"/> I would prefer my gift remain anonymous <input type="checkbox"/> Please send me details on making a lasting gift through <b>Planned Giving</b>	

## 9. CALCULATE YOUR PAY TODAY TOTAL

Processing and Postage Fee of \$6.60	\$6.60
<b>Grand Total</b> add together the values in sections <b>7</b> and <b>8</b> and add the processing and postage fee	\$

## 10. YOUR PAYMENT DETAILS

Cheque enclosed payable to *Bell Shakespeare Company*

Credit Card: <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Name on Card
Card Number
Expiry Date                      /                      CVV
Signature

## 11. DELIVERY METHOD

Mail to me       Hold for collection

## 13. SUBMIT YOUR FORM

Send this form, along with proof of age or concession if required, to:

**Post**  
 2016 Season  
 Reply Paid 10  
 Millers Point  
 NSW 2000

**email**  
 boxo@bellshakespeare.com.au  
 (for submission of scanned forms)