

Name					
Address					
Suburb		State		Postcode	
Phone		Mobile			
Email address					

Member(s) Details		Type of Ticket Required Tick appropriate box (one only)		Do you require a companion ticket?*		
Member Name (one member per line)	Member Barcode Number	Reserved Seat	Wheelchair bay	Yes	No	Companion Card Number
<i>Eg Adam Sample</i>	<i>1234 5678 9123</i>		✓	✓		<i>X123456789/00</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
TOTAL NUMBER of RESERVED SEATS		A				
TOTAL NUMBER of WHEELCHAIR BAYS			B			
TOTAL NUMBER of COMPANIONS				C		
TOTAL NUMBER OF PATRONS ATTENDING (A+B+C)						
(If successful in the ballot, this is the total number of tickets that will be issued for this request). _____						
<input type="checkbox"/> I will accept <b>standing room tickets</b> if all reserved seating has been allocated when my registration is next to be processed. (Note: this will apply to all members registered on this application)						

Please provide further details that we may require to allocate your tickets: (for example – medical conditions, limited stairs, etc...)

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Once all registrations in the Ballot have been randomised, tickets will be allocated accordingly.  
 Attempts will be made to allocate successful members with tickets as per any extra details listed above, however this is not guaranteed.

### PAYMENT DETAILS

Card Number

Expiry Date

Card Holder \*

Signature \_\_\_\_\_

\* If successful in the ballot, tickets will not be issued to persons other than the credit card holder.

A non-refundable registration fee of \$5.50 per ticket (excl. Companion Card tickets) will be charged at the time of registration to cover applicable administration costs.

OFFICE USE ONLY	CID	Section	Row	Seat/s
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