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CABARET TICKET BOOKING FORM

Please return to Main Reception or email form to <u>admin@endeavour.sa.edu.au</u>

Your Name:	
Contact Phone Number:	
Adult tickets @ \$20 per ticket	We would like to buy:
Concession tickets @ \$15 per ticket (please note that performers do not need a	We would like to buy:a ticket)

For those who wish to book a whole table, tables seat a maximum of 10 people. Please note that the ticket price includes canapes at the start of the evening.

PAYMENT

	I would like to pay by credit card (Please fill out d	etails below)		
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Amou	nt to Charge to Card: \$				
	Master Card	Visa			
Name	on Credit Card:				
Card I	Number:				
Expiry	Date:		Verification Number (CC	CV):	
OR					
	I would like to pay by cheque and	I have enclosed			
OR					
*Pleas	I would like to pay by cash and wi se note that your tickets are not guar	-			
Signe	d:				
Your tickets will be distributed to you via post or your son/daughter's Care Group prior to the event. Please write the name of each person that you are buying a ticket for:					

indicate any other families with whom you would like to share a table (if any).
Any other requests:
If your child's class or extracurricular ensemble(s) are performing in the Cabaret, please fill out the following section:
Student Name:
Yes, my son/daughter will be at the Cabaret night

In order to help us with organising seating (particularly if you are not booking a whole table), please

No, my son/daughter will not be at the Cabaret night because:

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