

CABARET TICKET BOOKING FORM

Please return to Student Services or email form to admin@endeavour.sa.edu.au

YOUR NAME: _____

CONTACT PH NO. _____

We would like to buy _____ Adult tickets @ \$16 per ticket.

We would like to buy _____ Concession tickets @ \$13 per ticket
(please note that performers do not need a ticket)

For those who wish to book a whole table, tables seat a maximum of 8 people.

Please note that any food and drinks that you wish to consume during the evening (including alcoholic) need to be provided by you.

PAYMENT

- ☐ I would like to pay by credit card:
(Please fill out details below)

Amount: \$ _____ Master Card / Visa (please circle one)

Name on Credit Card: _____

Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____ Verification Number (CCV): ____

OR

- ☐ I would like to pay by cheque and have enclosed one OR

- ☐ I would like to pay by cash and will give it to Reception directly.

**Please note that your tickets are not guaranteed until they have been paid for.*

SIGNED: _____

Your tickets will be distributed to you via post or your child's Care Group prior to the event.

Please write the name of each person that you are buying a ticket for:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**ENDEAVOUR
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LIFE AND COMMUNITY IN CHRIST

In order to help us with organising seating (particularly if you are not booking a whole table), please indicate any other families with whom you would like to share a table (if any).

Any other requests:

If your child's class or extra-curricular 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.
- ☐ No, my son/daughter will not be at the Cabaret night because:
