

2020 SEASON TICKET BOOKING FORM

SUBSCRIBER DETAILS

Name

Postal Address

Phone

Email Address

BOOKING DETAILS

_____ tickets @ \$65 - **TOTAL: \$** _____

I enclose a cheque payable to *Maitland Repertory Theatre Inc*
or

I have completed the following credit card authority

Credit card authority (Mastercard or Visa)

Card Number:

Expiry Date

Amount

\$

Date

Full card name

Signature

Your Season Ticket entitles you to see any four of the five plays in the Season Ticket Program of plays over the page.

Season Tickets will be on sale from 17 Dec 2019 and available for mailout after that date



**MAITLAND
REPERTORY
THEATRE**

244 High St (PO Box 111) Maitland 2320
Season ticket contact: 0466 332 766
www.maitlandreptheatre.org