

HTC 2018 Season

HTC ORDER FORM - part A

Please complete, detach and send this form to:
 HTC Subscription Secretary
 PO Box 141 Rosanna VIC 3084

What are you ordering? (please tick):

- HTC Subscription
- HTC Membership
- HTC Gift Subscription
- HTC Prompts by post

Your Details:

Name	
Address	
Postcode	
Home phone	Work phone
Mobile	
Email	

HTC Gift Subscription Recipient Details:

Name	
Address	
Postcode	
Home phone	Work phone
Mobile	
Email	

Concession Card Details:

To claim a concession, please give concession card number.
 Pension, seniors, student or unemployed.

Card No.

Please complete the HTC Order Form as applicable to your order, including payment details.

Note: For credit card payment the CVV is the 3-digit number on the rear of the credit card.

HTC ORDER FORM - part B

Circle the dates of the productions you wish to attend.
 You can subscribe to four or five productions.

	Wed 8pm	Thu 8pm	Fri 8pm	Sat 2pm	Sat 8pm	Sun 2pm
Crossing Delancey			Feb 16		Feb 17	Feb 18
	Feb 21	Feb 22	Feb 23		Feb 24	Feb 25
	Feb 28	Mar 1	Mar 2	Mar 3	Mar 3	
The House of Bernarda Alba			Apr 27		Apr 28	Apr 29
	May 2	May 3	May 4		May 5	May 6
	May 9	May 10	May 11	May 12	May 12	
Private Lives			Jul 6		Jul 7	Jul 8
	Jul 11	Jul 12	Jul 13		Jul 14	Jul 15
	Jul 18	Jul 19	Jul 20	Jul 21	Jul 21	
Blue Stockings			Sep 7		Sep 8	Sep 9
	Sep 12	Sep 13	Sep 14		Sep 15	Sep 16
	Sep 19	Sep 20	Sep 21	Sep 22	Sep 22	
Inheritance			Nov 16		Nov 17	Nov 18
	Nov 21	Nov 22	Nov 23		Nov 24	Nov 25
	Nov 28	Nov 29	Nov 30	Dec 1	Dec 1	

Where possible I would like to be seated in row:

Stage	A	B	C	D	E	F	G	Rear	<input type="checkbox"/> Hearing Loop?
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Where possible I would like to be seated with:

Name

		# Plays	# Attendees		Cost	Subtotal
Subscription	Adult	5 PLAYS		x	\$120	
		4 PLAYS		x	\$96	
	Conc.	5 PLAYS		x	\$110	
		4 PLAYS		x	\$88	
HTC Membership Only					\$15	
HTC Prompts sent by post					\$15	

<input type="checkbox"/> Cheque (attached)	<input type="checkbox"/> Cash (in person only)
<input type="checkbox"/> Credit Card (details below):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card No.	
Name on card	
Expiry Date	Amount
CVV	Signature