

1. SELECT YOUR DATES AND PLAYS MARK YOUR FIRST PREFERENCE WITH A '1' AND YOUR SECOND WITH A '2'

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
THE SECRET RIVER		<input type="checkbox"/> 28 FEB, 8PM P <input type="checkbox"/> 7 MAR, 8PM <input type="checkbox"/> 14 MAR, 8PM	<input type="checkbox"/> 1 MAR, 8PM P <input type="checkbox"/> 8 MAR, 8PM <input type="checkbox"/> 15 MAR, 8PM	<input type="checkbox"/> 2 MAR, 8PM O <input type="checkbox"/> 9 MAR, 8PM <input type="checkbox"/> 16 MAR, 8PM	<input type="checkbox"/> 3 MAR, 8PM <input type="checkbox"/> 10 MAR, 8PM <input type="checkbox"/> 17 MAR, 8PM	<input type="checkbox"/> 4 MAR, 8PM <input type="checkbox"/> 11 MAR, 8PM <input type="checkbox"/> 18 MAR, 8PM	<input type="checkbox"/> 5 MAR, 8PM <input type="checkbox"/> 12 MAR, 8PM <input type="checkbox"/> 19 MAR, 8PM
MR. BURNS	<input type="checkbox"/> 24 APR, 6.30PM P	<input type="checkbox"/> 25 APR, 6.30PM P <input type="checkbox"/> 2 MAY, 6.30PM A/N <input type="checkbox"/> 9 MAY, 6.30PM	<input type="checkbox"/> 26 APR, 8PM O <input type="checkbox"/> 3 MAY, 11AM C/K <input type="checkbox"/> 3 MAY, 6.30PM C <input type="checkbox"/> 10 MAY, 6.30PM	<input type="checkbox"/> 27 APR, 8PM <input type="checkbox"/> 4 MAY, 8PM <input type="checkbox"/> 11 MAY, 8PM	<input type="checkbox"/> 28 APR, 8PM OS <input type="checkbox"/> 5 MAY, 8PM <input type="checkbox"/> 12 MAY, 8PM	<input type="checkbox"/> 22 APR, 8PM P <input type="checkbox"/> 29 APR, 8PM <input type="checkbox"/> 6 MAY, 2PM A <input type="checkbox"/> 6 MAY, 8PM <input type="checkbox"/> 13 MAY, 8PM	<input type="checkbox"/> 7 MAY, 3 PM
1984	<input type="checkbox"/> 15 MAY, 6.30PM P <input type="checkbox"/> 22 MAY, 6.30PM A/N	<input type="checkbox"/> 16 MAY, 8PM O <input type="checkbox"/> 23 MAY, 6.30PM	<input type="checkbox"/> 17 MAY, 6.30PM <input type="checkbox"/> 24 MAY, 6.30PM	<input type="checkbox"/> 18 MAY, 11AM C/K <input type="checkbox"/> 18 MAY, 8PM C <input type="checkbox"/> 25 MAY, 8PM	<input type="checkbox"/> 19 MAY, 8PM <input type="checkbox"/> 26 MAY, 8PM OS	<input type="checkbox"/> 13 MAY, 8PM P <input type="checkbox"/> 20 MAY, 2PM A <input type="checkbox"/> 20 MAY, 8PM <input type="checkbox"/> 27 MAY, 8PM	
A DOLL'S HOUSE	<input type="checkbox"/> 3 JUL, 6.30PM P	<input type="checkbox"/> 4 JUL, 8PM O <input type="checkbox"/> 11 JUL, 6.30PM N <input type="checkbox"/> 18 JUL, 6.30PM A	<input type="checkbox"/> 5 JUL, 6.30PM <input type="checkbox"/> 12 JUL, 11AM C/K <input type="checkbox"/> 12 JUL, 6.30PM C <input type="checkbox"/> 19 JUL, 6.30PM	<input type="checkbox"/> 6 JUL, 8PM <input type="checkbox"/> 13 JUL, 8PM <input type="checkbox"/> 20 JUL, 8PM	<input type="checkbox"/> 30 JUN, 8PM P <input type="checkbox"/> 7 JUL, 8PM <input type="checkbox"/> 14 JUL, 8PM <input type="checkbox"/> 21 JUL, 8PM	<input type="checkbox"/> 1 JUL, 8PM P <input type="checkbox"/> 8 JUL, 8PM <input type="checkbox"/> 15 JUL, 2PM A <input type="checkbox"/> 15 JUL, 8PM <input type="checkbox"/> 22 JUL, 8PM	<input type="checkbox"/> 16 JUL, 3PM
MACBETH	<input type="checkbox"/> 28 AUG, 6.30PM P	<input type="checkbox"/> 29 AUG, 8PM O <input type="checkbox"/> 5 SEP, 6.30PM <input type="checkbox"/> 12 SEP, 6.30PM A/N	<input type="checkbox"/> 30 AUG, 6.30PM <input type="checkbox"/> 6 SEP, 6.30PM <input type="checkbox"/> 13 SEP, 11AM C/K <input type="checkbox"/> 13 SEP, 6.30PM C	<input type="checkbox"/> 31 AUG, 8PM <input type="checkbox"/> 7 SEP, 8PM <input type="checkbox"/> 14 SEP, 8PM	<input type="checkbox"/> 25 AUG, 8PM P <input type="checkbox"/> 1 SEP, 8PM OS <input type="checkbox"/> 8 SEP, 8PM <input type="checkbox"/> 15 SEP, 8PM	<input type="checkbox"/> 26 AUG, 8PM P <input type="checkbox"/> 2 SEP, 8PM <input type="checkbox"/> 9 SEP, 8PM <input type="checkbox"/> 16 SEP, 2PM A <input type="checkbox"/> 16 SEP, 8PM	<input type="checkbox"/> 10 SEP, 3PM
SWITZERLAND	<input type="checkbox"/> 23 OCT, 6.30PM P	<input type="checkbox"/> 24 OCT, 8PM O <input type="checkbox"/> 31 OCT, 6.30PM A/N	<input type="checkbox"/> 25 OCT, 6.30PM <input type="checkbox"/> 1 NOV, 11AM C/K <input type="checkbox"/> 1 NOV, 6.30PM C	<input type="checkbox"/> 26 OCT, 8PM <input type="checkbox"/> 2 NOV, 8PM	<input type="checkbox"/> 20 OCT, 8PM P <input type="checkbox"/> 27 OCT, 8PM <input type="checkbox"/> 3 NOV, 8PM	<input type="checkbox"/> 21 OCT, 8PM P <input type="checkbox"/> 28 OCT, 2PM A <input type="checkbox"/> 28 OCT, 8PM <input type="checkbox"/> 4 NOV, 8PM	<input type="checkbox"/> 5 NOV, 3PM
VALE	<input type="checkbox"/> 20 NOV, 6.30PM P	<input type="checkbox"/> 21 NOV, 8PM O <input type="checkbox"/> 28 NOV, 6.30PM A/N	<input type="checkbox"/> 22 NOV, 6.30PM <input type="checkbox"/> 29 NOV, 11AM C/K <input type="checkbox"/> 29 NOV, 6.30PM C	<input type="checkbox"/> 23 NOV, 8PM <input type="checkbox"/> 30 NOV, 8PM	<input type="checkbox"/> 17 NOV, 8PM P <input type="checkbox"/> 24 NOV, 8PM OS <input type="checkbox"/> 1 DEC, 8PM	<input type="checkbox"/> 18 NOV, 8PM P <input type="checkbox"/> 25 NOV, 2PM A <input type="checkbox"/> 25 NOV, 8PM <input type="checkbox"/> 2 DEC, 8PM	<input type="checkbox"/> 3 DEC, 3PM
SISTA GIRL SPECIAL OFFER		<input type="checkbox"/> 30 MAY, 7PM O			<input type="checkbox"/> 2 JUN, 7PM	<input type="checkbox"/> 3 JUN, 7PM	
LONG TAN SPECIAL OFFER	<input type="checkbox"/> 3 APR, 7.30PM P	<input type="checkbox"/> 4 APR, 7.30PM O	<input type="checkbox"/> 5 APR, 7.30PM	<input type="checkbox"/> 6 APR, 11AM <input type="checkbox"/> 6 APR, 7.30PM	<input type="checkbox"/> 31 MAR, 7.30PM P <input type="checkbox"/> 7 APR, 7.30PM	<input type="checkbox"/> 1 APR, 7.30PM P <input type="checkbox"/> 8 APR, 2PM <input type="checkbox"/> 8 APR, 7.30PM	
RABBITS SPECIAL OFFER		<input type="checkbox"/> 26 SEP, 6.30PM <input type="checkbox"/> 3 OCT, 8PM <input type="checkbox"/> 10 OCT, 8PM	<input type="checkbox"/> 27 SEP, 6.30PM <input type="checkbox"/> 4 OCT, 8PM <input type="checkbox"/> 11 OCT, 8PM	<input type="checkbox"/> 21 SEP, 8PM P <input type="checkbox"/> 28 SEP, 8PM <input type="checkbox"/> 5 OCT, 8PM <input type="checkbox"/> 12 OCT, 8PM	<input type="checkbox"/> 22 SEP, 8PM O <input type="checkbox"/> 29 SEP, 8PM <input type="checkbox"/> 6 OCT, 8PM <input type="checkbox"/> 13 OCT, 8PM	<input type="checkbox"/> 23 SEP, 8PM <input type="checkbox"/> 30 SEP, 8PM <input type="checkbox"/> 7 OCT, 8PM <input type="checkbox"/> 14 OCT, 8PM	

KEY: **P** PREVIEW **O** OPENING NIGHT **N** NIGHT WITH STATE **K** KEITH'S MATINEE CLUB **OS** OFF STAGE **C** CAPTIONED **A** AUDIO DESCRIBED SHOWS

*NB: PLEASE ADD \$20 PER TICKET SURCHARGE IF YOU SELECT *THE SECRET RIVER* AS A PART OF YOUR SUBSCRIPTION. (SURCHARGE DOES NOT APPLY TO UNDER 30S SUBSCRIPTIONS). *THE SECRET RIVER* IS NOT AVAILABLE FOR MATINEE PERFORMANCES.

2. CHOOSE YOUR SUBSCRIPTION

	PICK:	7 PLAYS PRICE EACH	NO. OF SUBS	6 PLAYS PRICE EACH	NO. OF SUBS	5 PLAYS PRICE EACH	NO. OF SUBS	4 PLAYS PRICE EACH	NO. OF SUBS	TOTAL
EVENINGS	ADULT	\$433	<input type="checkbox"/>	\$366	<input type="checkbox"/>	\$315	<input type="checkbox"/>	\$256	<input type="checkbox"/>	\$ <input type="text"/>
	CONCESSION	\$398	<input type="checkbox"/>	\$342	<input type="checkbox"/>	\$290	<input type="checkbox"/>	\$236	<input type="checkbox"/>	\$ <input type="text"/>
	THE SECRET RIVER*	—	<input type="checkbox"/>	\$20	<input type="checkbox"/>	\$20	<input type="checkbox"/>	\$20	<input type="checkbox"/>	\$ <input type="text"/>
MATINEES	ADULT	—	<input type="checkbox"/>	\$348	<input type="checkbox"/>	\$300	<input type="checkbox"/>	\$240	<input type="checkbox"/>	\$ <input type="text"/>
	CONCESSION	—	<input type="checkbox"/>	\$330	<input type="checkbox"/>	\$280	<input type="checkbox"/>	\$228	<input type="checkbox"/>	\$ <input type="text"/>
PREVIEWS	ADULT	\$356	<input type="checkbox"/>	\$300	<input type="checkbox"/>	\$260	<input type="checkbox"/>	\$216	<input type="checkbox"/>	\$ <input type="text"/>
	CONCESSION	\$328	<input type="checkbox"/>	\$276	<input type="checkbox"/>	\$240	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$ <input type="text"/>
	THE SECRET RIVER*	—	<input type="checkbox"/>	\$20	<input type="checkbox"/>	\$20	<input type="checkbox"/>	\$20	<input type="checkbox"/>	\$ <input type="text"/>
STATE THEATRE CLUB (INC SECRET RIVER)	EVENING	\$371	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	\$ <input type="text"/>
	PREVIEW	\$301	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	\$ <input type="text"/>
UNDER 30S		\$210	<input type="checkbox"/>	\$180	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$120	<input type="checkbox"/>	\$ <input type="text"/>
GOLD SUBSCRIBER**		\$980*	<input type="checkbox"/>	\$890*	<input type="checkbox"/>	\$800*	<input type="checkbox"/>	—	<input type="checkbox"/>	\$ <input type="text"/>
TEACHER SUBSCRIPTION	<input type="checkbox"/>									SUBSCRIPTION TOTAL: \$ <input type="text"/>

**GOLD SUBSCRIPTION PRICES INCLUDE A MINIMUM \$360 TAX DEDUCTIBLE DONATION.

3. SPECIAL OFFERS & ADDITIONAL TICKETS

	ADULTS	CONCESSION	UNDER 30S	SCHOOL STUDENTS
EVENINGS	\$69	\$59	\$33	\$29
MATINEES	\$61	\$55	\$33	\$29
PREVIEWS	\$56	\$46	\$33	\$29
THE SECRET RIVER				
EVENING	\$84	\$79	\$40	\$29
PREVIEW	\$76	\$70	\$40	\$29
SISTA GIRL	\$39	\$34	\$29	\$20
LONG TAN				
EVENING	\$49	\$45	\$30	\$20
PREVIEW	\$42	\$42	\$30	\$20
RABBITS				
EVENING	\$37	\$32	\$22	\$22
PREVIEW	\$27	\$27	\$22	\$22

PLAY	DATE	TIME	PRICE EACH	NO. OF TICKETS	TOTAL
THE SECRET RIVER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
MR BURNS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
1984	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
A DOLL'S HOUSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
MACBETH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
SWITZERLAND	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
VALE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
SPECIAL OFFERS	DATE	TIME	PRICE EACH	NO. OF TICKETS	TOTAL
SISTA GIRL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
LONG TAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
RABBITS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
ADD ONS	NO. OF PASSES	NO. OF PASSES	NO. OF PASSES	NO. OF PASSES	
OFF STAGE PARTY PASS \$25 EA.	MR. BURNS <input type="checkbox"/>	1984 <input type="checkbox"/>	MACBETH <input type="checkbox"/>	VALE <input type="checkbox"/>	\$ <input type="text"/>

4. YOUR DETAILS

TITLE:	ADDRESS:
FIRST NAME:	POSTCODE:
SURNAME:	EMAIL:
FIRST-TIME SUBSCRIBER? (PLEASE CIRCLE) YES NO	PHONE (EVENING):
IF NO, WHAT YEAR DID YOU FIRST SUBSCRIBE?	PHONE (DAY):
SUBSCRIBER NUMBER (FROM YOU 2016 SUBSCRIBER CARD):	MOBILE:
	DATE OF BIRTH:

SIGN ME UP TO RECEIVE STATE THEATRE COMPANY COMMUNICATIONS

CONCESSION DETAILS

PENSIONERS, HEALTH CARE CARD, SENIORS CARD HOLDERS CARD NO: _____

FULL-TIME STUDENT (PLEASE ENCLOSE COPY OF CURRENT STUDENT ID)

AGED 30 AND UNDER (PLEASE SUPPLY PROOF OF AGE, FOR EXAMPLE DRIVER'S LICENCE OR STUDENT CARD)

SPECIAL SEATING REQUIREMENTS (BOOK EARLY FOR BEST AVAILABLE SEATING)

HEARING ASSISTANCE CAPTION ACCESSIBLE SEAT WHEELCHAIR ACCESS/SEATING AISLE SEAT LEFT AISLE SEAT RIGHT

5. COMPANION DETAILS

TITLE:	ADDRESS:
FIRST NAME:	POSTCODE:
SURNAME:	EMAIL:
FIRST-TIME SUBSCRIBER? (PLEASE CIRCLE) YES NO	PHONE (EVENING):
IF NO, WHAT YEAR DID YOU FIRST SUBSCRIBE?	PHONE (DAY):
SUBSCRIBER NUMBER (FROM YOU 2016 SUBSCRIBER CARD):	MOBILE:
	DATE OF BIRTH:

SIGN ME UP TO RECEIVE STATE THEATRE COMPANY COMMUNICATIONS

CONCESSION DETAILS

PENSIONERS, HEALTH CARE CARD, SENIORS CARD HOLDERS CARD NO: _____

FULL-TIME STUDENT (PLEASE ENCLOSE COPY OF CURRENT STUDENT ID)

AGED 30 AND UNDER (PLEASE SUPPLY PROOF OF AGE, FOR EXAMPLE DRIVER'S LICENCE OR STUDENT CARD)

SPECIAL SEATING REQUIREMENTS (BOOK EARLY FOR BEST AVAILABLE SEATING)

HEARING ASSISTANCE CAPTION ACCESSIBLE SEAT WHEELCHAIR ACCESS/SEATING AISLE SEAT LEFT AISLE SEAT RIGHT

ADDITIONAL SUBSCRIBERS

IF SUBSCRIBING AS A STATE THEATRE CLUB SUBSCRIBER OR WITH MORE THAN ONE PERSON, PLEASE PROVIDE THEIR DETAILS AT STEP 12. THIS ENSURES YOUR COMPANIONS WILL RECEIVE THEIR SUBSCRIBER CARD. IF SUBSCRIBING WITH MORE THAN FIVE PEOPLE PLEASE ATTACH DETAILS.

6. GIFT VOUCHER

I'D LIKE TO PURCHASE (NO. OF VOUCHERS) TO THE VALUE OF \$ EACH.

IF YOU WOULD LIKE US TO SEND THE VOUCHER TO THE RECIPIENT PLEASE COMPLETE THE FOLLOWING DETAILS:

TITLE:	ADDRESS:
FIRST NAME:	POSTCODE:
SURNAME:	GIFT VOUCHER SUB-TOTAL \$ <input type="text"/>

IF YOU WOULD LIKE TO SEND VOUCHERS TO MORE THAN ONE PERSON, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET.

7. DONOR GROUPS

	PLAY	PRICE	NO. OF MEMBERSHIPS	TOTAL
DRAMATIC WOMEN	A DOLL'S HOUSE	\$810	<input type="text"/>	\$ <input type="text"/>

MEMBERSHIP FEES INCLUDE A \$620 TAX DEDUCTIBLE DONATION.

8. DONATIONS

I WISH TO DONATE \$ TO SUPPORT THE GROWTH AND DEVELOPMENT OF THEATRE.

I WISH TO REGULARLY DONATE \$ EVERY: MONTH 3 MONTHS 6 MONTHS

DONATIONS OF \$2.00 AND ABOVE ARE 100% TAX DEDUCTIBLE. FOR DONATIONS OF \$250 AND ABOVE:

I WOULD LIKE MY ACKNOWLEDGEMENT TO APPEAR AS:

I WOULD LIKE MY DONATION TO REMAIN ANONYMOUS.

I AM INTERESTED IN LEAVING A BEQUEST.

DONATION SUB-TOTAL \$

9. STATE FRIENDS

INDIVIDUAL \$50 FAMILY \$70 CONCESSION \$30 LIFETIME \$1000

STATE FRIENDS DO NOT PAY THE \$5.00 BASS PROCESSING FEE. PLEASE DO NOT ADD IN STEP 10.

STATE FRIENDS SUB-TOTAL \$

10. SUBSCRIPTION PACKAGE FOR 2017

SUB TOTAL SUBSCRIPTION PACKAGE \$

SUB TOTAL ADDITIONAL TICKETS \$

SUB TOTAL GIFT VOUCHER \$

SUB TOTAL DONOR GROUPS \$

SUB TOTAL DONATION \$

SUB TOTAL STATE FRIENDS \$

BASS PROCESSING FEE (\$5.00 PER SUBSCRIBER) \$

TOTAL 2017 PACKAGE \$

11. PAYMENT DETAILS (TICK BOXES NEXT TO PREFERRED OPTION)

CHEQUE/MONEY ORDER, PAYABLE TO BASS FULL CREDIT CARD PAYMENT, PLEASE CHARGE MY CREDIT CARD

PART CREDIT CARD PAYMENT, PLEASE CHARGE HALF THE TOTAL TO MY CREDIT CARD NOW AND THE SECOND HALF MID JANUARY 2017. AVAILABLE BEFORE 10 DECEMBER ONLY. (ONLY THE SUBSCRIPTION PRICE WILL BE CHARGED IN INSTALMENTS. ALL EXTRAS WILL BE CHARGED IN FULL WITH FIRST PAYMENT.)

A PROCESSING CHARGE ON ALL CREDIT CARD TRANSACTIONS APPLIES – VISA/ MASTERCARD 0.80% & AMEX/DINERS 2.20%.

CREDIT CARDS: VISA MASTERCARD AMEX

CARD NUMBER: _____ NAME ON CARD: _____

AMEX ID NUMBER: _____ CARD HOLDER SIGNATURE: _____

EXPIRY DATE: _____ CSV NUMBER: _____

DATE: _____

SUBMIT YOUR BOOKING FORM (INCLUDING CHEQUE OR CREDIT CARD NUMBER) VIA ONE OF THE FOLLOWING:

BY MAIL STATE THEATRE COMPANY, FOWLERS BUILDING, CORNER MORPHETT STREET AND NORTH TERRACE, ADELAIDE, SA 5000

BY FAX FAX BOTH SIDES OF THE FORM TO (08) 8231 6310.

BY EMAIL INFO@STATETHEATRECOMPANY.COM.AU

IN PERSON FOWLERS BUILDING, CORNER MORPHETT STREET AND NORTH TERRACE, ADELAIDE, BETWEEN 9AM & 5PM, MONDAY TO FRIDAY.

ONLINE SUBSCRIBE ONLINE VIA OUR WEBSITE STATETHEATRECOMPANY.COM.AU

ADDITIONAL SUBSCRIBER 1

TITLE:	ADDRESS:
FIRST NAME:	POSTCODE:
SURNAME:	EMAIL:
FIRST-TIME SUBSCRIBER? (PLEASE CIRCLE) YES NO	PHONE (EVENING):
IF NO, WHAT YEAR DID YOU FIRST SUBSCRIBE?	PHONE (DAY):
SUBSCRIBER NUMBER (FROM YOU 2016 SUBSCRIBER CARD):	MOBILE:
	DATE OF BIRTH:

SIGN ME UP TO RECEIVE STATE THEATRE COMPANY COMMUNICATIONS

CONCESSION DETAILS

PENSIONERS, HEALTH CARE CARD, SENIORS CARD HOLDERS CARD NO: _____

FULL-TIME STUDENT (PLEASE ENCLOSE COPY OF CURRENT STUDENT ID)

AGED 30 AND UNDER (PLEASE SUPPLY PROOF OF AGE, FOR EXAMPLE DRIVER'S LICENCE OR STUDENT CARD)

SPECIAL SEATING REQUIREMENTS (BOOK EARLY FOR BEST AVAILABLE SEATING)

HEARING ASSISTANCE CAPTION ACCESSIBLE SEAT WHEELCHAIR ACCESS/SEATING AISLE SEAT LEFT AISLE SEAT RIGHT

ADDITIONAL SUBSCRIBER 2

TITLE:	ADDRESS:
FIRST NAME:	POSTCODE:
SURNAME:	EMAIL:
FIRST-TIME SUBSCRIBER? (PLEASE CIRCLE) YES NO	PHONE (EVENING):
IF NO, WHAT YEAR DID YOU FIRST SUBSCRIBE?	PHONE (DAY):
SUBSCRIBER NUMBER (FROM YOU 2016 SUBSCRIBER CARD):	MOBILE:
	DATE OF BIRTH:

SIGN ME UP TO RECEIVE STATE THEATRE COMPANY COMMUNICATIONS

CONCESSION DETAILS

PENSIONERS, HEALTH CARE CARD, SENIORS CARD HOLDERS CARD NO: _____

FULL-TIME STUDENT (PLEASE ENCLOSE COPY OF CURRENT STUDENT ID)

AGED 30 AND UNDER (PLEASE SUPPLY PROOF OF AGE, FOR EXAMPLE DRIVER'S LICENCE OR STUDENT CARD)

SPECIAL SEATING REQUIREMENTS (BOOK EARLY FOR BEST AVAILABLE SEATING)

HEARING ASSISTANCE CAPTION ACCESSIBLE SEAT WHEELCHAIR ACCESS/SEATING AISLE SEAT LEFT AISLE SEAT RIGHT

ADDITIONAL SUBSCRIBER 3

TITLE:	ADDRESS:
FIRST NAME:	POSTCODE:
SURNAME:	EMAIL:
FIRST-TIME SUBSCRIBER? (PLEASE CIRCLE) YES NO	PHONE (EVENING):
IF NO, WHAT YEAR DID YOU FIRST SUBSCRIBE?	PHONE (DAY):
SUBSCRIBER NUMBER (FROM YOU 2016 SUBSCRIBER CARD):	MOBILE:
	DATE OF BIRTH:

SIGN ME UP TO RECEIVE STATE THEATRE COMPANY COMMUNICATIONS

CONCESSION DETAILS

PENSIONERS, HEALTH CARE CARD, SENIORS CARD HOLDERS CARD NO: _____

FULL-TIME STUDENT (PLEASE ENCLOSE COPY OF CURRENT STUDENT ID)

AGED 30 AND UNDER (PLEASE SUPPLY PROOF OF AGE, FOR EXAMPLE DRIVER'S LICENCE OR STUDENT CARD)

SPECIAL SEATING REQUIREMENTS (BOOK EARLY FOR BEST AVAILABLE SEATING)

HEARING ASSISTANCE CAPTION ACCESSIBLE SEAT WHEELCHAIR ACCESS/SEATING AISLE SEAT LEFT AISLE SEAT RIGHT