School Details								
Teacher Name:			Teacher Email:					
School Name:			Contact Phone:					
School Address:								
Performance Please enter the details of the show you woul	d like to attend	I						
Name of Show	Date	Sess	sion Time	# Students	# Teachers	Ticket Price	Total cost	
						\$	\$	
*Complimentary tickets are issued on a 1:15 student ratio. Extras will be charged at student ticket price							\$	
Special Requirements								
No. of wheelchairs								
Will the wheelchair patron be staying in their chair?]		
Any other special requirements?								
Terms and Conditions								
1. An email confirmation will be issued upor 2. Any increase in numbers will be subject to 3. An invoice will be issued to the school aft 4. Camera, video and audio recorders may 5. No food or drink is allowed inside the aud 6. Live Performance Australia Ticketing Co Practice which can be assessed online lives	o availability. Ler final number not be used du ditorium. de of Practice.	rs are our ing the Ticket	confirmed he perforn	l. nance.			ode of	
I have read and understood the terms and conditions			Date					
Teacher name:			Principal name:					
Teacher signature:			Principal signature:					
How did you hear about this performan	nce?							
Brochure (emailed)	ochure (emailed) Word of mouth			Other:				
Submit your form								

By Email: mec.production@midcoast.nsw.gov.au

By Post: Manning Entertainment Centre, PO Box 482 Taree NSW 2530

Please call the Manning Entertainment Centre on (02) 6592 5466 for further information



