

NAME OF PERFORMANCE OR WORKSHOP:

DATE OF PERFORMANCE OR WORKSHOP:

MECC CONFIRMATION BOOKING NUMBER: *\* Provided when reserving tickets via the Box Office, your application will not be processed without this confirmation number.*

CONTACT NAME:

SCHOOL:

TELEPHONE NUMBER:

FAX NUMBER:

EMAIL:

ADDRESS

PLEASE INDICATE WHICH CATEGORIES YOU ARE APPLYING FOR: (apply for as many categories as is applicable)

 PERFORMANCE TICKETS

 WORKSHOP PLACES

 TRANSPORT COSTS
**PERFORMANCE TICKETS -**NUMBER OF STUDENTS: COST PER TICKET: \$  Eg. \$22/ticketNUMBER OF TEACHERS: 

FREE NB. Eligible for 1 free teacher ticket per every 10 student tickets

TOTAL COST OF PERFORMANCE TICKETS REQUIRED: \$ **WORKSHOP PLACES -** \* Please provide a list of names and ages with this applicationNUMBER OF STUDENTS: COST PER TICKET: \$  Eg. \$22/ticketNUMBER OF TEACHERS: 

FREE NB. Eligible for 1 free teacher ticket per every 10 student tickets

TOTAL COST OF PERFORMANCE TICKETS REQUIRED: \$ 
 YES, WE REQUIRE SPECIAL SEATING ARRANGEMENTS eg. wheelchair access

DETAILS: \_\_\_\_\_

BOX OFFICE: 07 4961 9777

