



SCHOOL GROUP BOOKING FORM

RETURN COMPLETED FORM TO
MANAGER@NEWTHEATRE.ORG.AU

NEIGHBOURHOOD WATCH BY LALLY KATZ

SCHOOL DETAILS

SCHOOL NAME

.....

POSTAL ADDRESS

.....

.....

.....

SEND INVOICE TO

NAME

.....

EMAIL

.....

BOOKING TEACHER DETAILS

NAME

.....

DEPARTMENT/POSITION

.....

CONTACT PHONE

.....

CONTACT EMAIL

.....

TICKET PRICES

PER HEAD \$10

ONE TEACHER FREE PER 10 STUDENTS

PERFORMANCE DATE: WEDNESDAY 19 JUNE 2019

PERFORMANCE YOU WISH TO ATTEND - PLEASE CIRCLE

11:30AM

7:30PM

NUMBER OF STUDENTS **NUMBER OF TEACHERS**

SIGNED **DATED**