



Education



www.schoolsspectacular.com.au

# Schools Spectacular

## 11.00 am Schools Matinee, 23 November 2018,

### Ticket Order Form / Tax Invoice

Tax Invoice Form Completion Date: \_\_\_ / \_\_\_ / \_\_\_ Purchase Order Number \_\_\_\_\_

[DoE Schools to complete SAP Requirement; one copy to be sent to Shared Services and One copy to be sent to Ticketek]

Ticketek ABN: 92 010 129 110

SCHOOLS PREVIEW ORDER FORM PAYMENT MUST BE

RECEIVED BY: **MONDAY 29 OCTOBER 2018**

Faxed: 1300 881 436 or by mail

SCHOOL

OR ORGANISATION:

NAME / CONTACT

TELEPHONE:

MOBILE

ADDRESS:

POSTCODE

EMAIL:

SPECIAL ACCESS:

We require access for \_\_\_ people plus \_\_\_ support person[s] (Max 3)

Accompanying due to: WHEELCHAIR / OTHER:

#### Schools Spectacular Schools Matinee

1. Tickets are priced at \$25.00 [gst incl] per student with one accompanying teacher free for **every 15 paid tickets**
2. Additional teachers / supervisors admitted at \$25.00 student rate
3. Tickets can be paid through SAP or with School P Card or School Cheque / Bank Cheque or Personal Credit Card
4. DoE Payments through SAP, SSC must have information completed above. **Vendor Number is 100 313 359**
5. Only **ONE SCHOOL / BANK CHEQUE** payable to **Ticketek Pty Ltd** for the **TOTAL** amount. Do not send individual/personal cheques
6. If you are paying by **SCHOOL / BANK CHEQUE** please allow up to 10 business days for cheque to be received.
7. A service/delivery fee of \$9.95 per transaction applies.
8. The Supplementary Booking Fee [SBF] is included in the ticket price
9. PAYMENT closing date: **MONDAY 29 OCTOBER 2018** (or until sold out)
10. Please remember to send the order form with your payment
11. **Forms using Credit Card Payments or through SAP to be faxed to Ticketek on 1300 881 436**
12. **Forms using School/Bank cheque payments to be sent to**  
Ticketek Groups Department  
Schools Spectacular 2018 Schools Matinee Bookings  
GPO Box 1610, Sydney NSW 2001
13. Orders processed in order of receipt of payment and order form
14. **Send form by either Fax or Mail.**

#### PAYMENT BY SCHOOL / BANK CHEQUE or CREDIT CARD:

<input type="text"/>	Number of students @ \$25.00 each	\$
<input type="text"/>	Number of extra teachers @ \$25.00 each	\$
<input type="text"/>	Number of complimentary tickets [1 ticket per 15 paying students]	
	service/delivery fee	\$ 9.95
<input type="text"/>	Total tickets	
	Total amount payable	<input type="text"/>

AMEX / MASTERCARD / VISA (Please Circle)

CARD NUMBER  EXP DATE:  /  CVC

CARD HOLDERS NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

FOR BOX OFFICE USE ONLY