



ABN: 97 526 746 317

**GROUP BOOKING FORM**

**Please complete and return at least 72 hours prior to required session to receive group booking rates. Total amount must be paid in accordance with the group booking policy prior to admission to the theatre. Failure to comply with these conditions may result in loss of group discount.**

**GROUP NAME** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**CONTACT DETAILS** \_\_\_\_\_

**BOOKING DETAILS**

**FILM** \_\_\_\_\_

**SESSION DATE**            /        /                    **TIME** \_\_\_\_\_ **am/pm**

**CINEMA** \_\_\_\_\_

**NUMBER IN GROUP** \_\_\_\_\_

**NUMBER IN GROUP REQUIRING DISABLED ACCESS** \_\_\_\_\_

**IF A SCHOOL GROUP, NO. OF TEACHERS IN GROUP** \_\_\_\_\_

**WILL YOUR GROUP REQUIRE USE OF THE CANDY BAR?**     Y/N

**Any other information you would like us to know** \_\_\_\_\_

\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

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