GROUP BOOKING FORM

Name of Group	
Contact	
Address	
Phone	
Fax	
E-Mail	

ticketLiNK

Cairns Civic Theatre
Florence & Sheridan Sts

PO Box 359
Cairns Qld 4870

Show	
Venue	
Day	
Date	
Time	

Tickets & Enquiries
1300 855 835

Facsimile
(07) 4031 3102

Administration
(07) 4031 7597

Ticket Type	No of Tickets	Ticket Price (Inc GST)	Total (Inc. GST)
One Price			

Cairns Regional Council
ABN 24 310 025 910

Your reservation number is _____

- **Please make cheques payable to** ticketLiNK
- **Total Amount to be charged to Credit Card**

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name on Card_____ **Expiry Date**_____/_____

CONFIRMATION

ticketLiNK **Use Only**

Seat numbers placed on hold	
Full payment is required by (5 pm) or the booking will be cancelled.	
Held Booking only processed by	(Initials) (Date)
Confirmation emailed	(Initials) (Date)
Payment received	(Date)
Processed by	(Initials)
Tickets (please circle)	Posted ○ Collected ○ Held ○

Submit Form