



Ticketing and Box Office Terms and Conditions & Agreement

Name of Performance: _____

Season Dates From: _____ To: _____

Onsale Date/s: _____

Promoter Business Name: _____ ABN: _____

Principal Name: _____ Email: _____

Promoters Address: _____

Telephone No: _____ Mobile: _____ Fax: _____

Contact Person For Ticketing Matters: _____

Auditorium Floor Plan All Flat Floor Seating (Up To 600) or Flat Stalls & Raked Theatre Seating (Up To 340)

Gallery Upstairs Gallery Open (Up To 184) or Gallery Closed

Seating Plan Sold As Reserved Seating or General Admission

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
LINE 1					I	P	S	W	I	C	H		C	I	V	I	C		H	A	L	L						
Promoter																												
LINE 3										P	r	e	s	e	n	t	s											
Event																												
LINE 5	F	R	I		1	7		M	A	Y		1	1	a	M		A	D	U	L	T		\$	2	0			
LINE 6	J		B	L	O	G	G	S		G	A	L	L	E	R	Y								A		1	0	

INFORMATION ON EACH PERFORMANCE /EVENT Event Category (office use only) _____

Day	Date	Start Time	Event Type

Estimated performance length: _____ Approx finishing time: _____ Interval (20 mins) Yes / No

PRICE STRUCTURE

TICKET PRICE

INSIDE BOOKING FEE

< \$35.00 - \$1.90 per ticket or \$35.00 & > \$2.20 per ticket

Adult	\$	\$
Concession/fulltime student	\$	\$
Children <14 years of age	\$	\$
Family – 2 adults & 2 children	Adults \$ Children \$	\$
Group of 10> @ Concession Rate	\$	\$
Exchange vouchers	\$	\$
Limitations/restrictions or special conditions		
Complimentary	\$0.00	\$1.90 (excluding house seats)
Carer	\$0.00	\$0.00
House seats	\$0.00	\$0.00
Other (please provide details)	\$	\$



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SEATS FOR PROMOTER / MEDIA / VIP / PUBLICITY / COUNCILLORS / ETC.

PERFORMANCE DATE	PERFORMANCE TIME	NUMBER RESERVED	SEATING AREA	OTHER DETAILS

Ten seats per performance allocated for venue use.

Reserve seat/space for camera operation/lighting operator/sound operator/other: _____

Details on VIP's attending if applicable: _____

REFUNDS & EXCHANGES

The promoter has the option of taking the position of:

- Option A: Absolutely no refunds or exchanges for tickets purchased
- Option B: Enquiries in regard to requests for refunds or exchanges directed to Promoter

INCLUDE DETAILS OF ANY SPECIAL REQUIREMENTS

SALES ADVICE & FOYER SIGNAGE	Yes / No		Yes / No
Course language warning		Alcohol on sale to the public	
Contains adult themes		Strobe light warning	
Contains nudity		Smoke / hazer effect warning	
Flash photography allowed		Other	

Marketing services required? Yes / No

OTHER FEES & CHARGES

Box Office programming of event \$75.00 per performance

Booking Fees: Tickets under \$35.00 @ \$ _____ per ticket or Tickets \$35.00 and over @ \$2.20 per ticket

Complimentary and other tickets: \$ _____ per ticket disbursed (excluding house seats)

Credit Cards charged at the rate of 0 % of the value of tickets sold

FINANCIAL

Please make Trust Account payment by cheque payable to: _____

Address: _____

AGREEMENT

I have read and accept the Ipswich Civic Hall Ticketing and Box Office 'Terms and Conditions', service fees and procedures. I authorise Ipswich Civic Hall to build, promote, sell and invoice this event using the information supplied in this agreement.

Promoter (Print Name) Title:	Signature: Date:
Ipswich Civic Hall (Print Name) Title:	Signature: Date: