

# Ticket Request



Name: \_\_\_\_\_

Mailing Address For Tickets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

Contact No: \_\_\_\_\_

Number of Tickets required ( \_\_\_\_\_ )

Payment Details:

Cheque enclosed (  ) Credit Card (  )

Charge Visa, Mastercard, Bankcard

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Exp \_\_ / \_\_

Amount \$ \_\_\_\_\_ . \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_

**Team**



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Please send your Ticket Request to Team Digital Ticketing by  
fax: 9227 7137 or

post: PO Box 8102 Perth Business Centre WA 6849