

GUEST PASS REQUEST FORM

DATE

EVENT

All details must be complete for COVID contact tracing purposes.

Please do **NOT** print. Form to be completed digitally via computer or device.

MEMBER DETAILS

COMPANY*

SUN NUMBER*

MEMBER'S NAME*

MEMBER'S ADDRESS*

MEMBER'S MOBILE NUMBER*

MEMBER'S EMAIL*

PRICE

NUMBER OF TICKETS

TOTAL

TICKET PREFERENCE

Ezy ticket (email sent to contact above)

Mobile ticket - (link text/SMS to contact above)

OFFICE USE ONLY

CURRENT SEAT DETAILS	SECTION	ROW	SEATS
TICKET ALLOCATED DETAILS	SECTION	ROW	SEATS
COMMENTS			
DATE PROCESSED	PROCESSED BY		

PAYMENT DETAILS

PAYMENT OPTION

Credit Card

Invoice

*All Credit Card transactions incur a surcharge of 0.4% for Visa/Mastercard & 1.65% for AMEX

NAME ON CARD

EXPIRY DATE

CREDIT CARD NUMBER

CC TYPE (PLEASE SELECT)