

GUEST PASS REQUEST FORM

DATE

EVENT

MEMBER DETAILS

COMPANY\*

SUN NUMBER\*

NAME

PHONE NUMBER

EMAIL

PRICE

NUMBER OF TICKETS

TOTAL

COLLECTION

**Ezy ticket** (email sent to contact above)

**Gate C** - Name for collection:

GUEST PASS SEATING REQUIREMENTS\*

Guest passes are **NOT REQUIRED** adjacent to Membership seating

Guest passes **REQUIRED** adjacent to Membership seating  
If unavailable, the Membership team will automatically allocate alternate seating.

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)