

THE ASSOCIATION OF COMMUNITY THEATRE INC.

PO BOX 1026, ST PETERS N.S.W. 2044. AUSTRALIA

www.showline.com.au

ABN 69 986 634 265



Showline Registration

COMPANY NAME _____

SHOW NAME _____

SHOW DATES

Opening Night _____

Full Season _____

Dates / Times _____

Closing Night _____

New Listing

Update

VENUE / BOOKING

Venue _____

Venue Address _____

Booking Phone _____

Booking

Contact _____

Booking on WWW _____

Adult Ticket Price _____

OTHER INFORMATION

Event Description _____

Name of author/ composer/lyricist. _____

Production Team _____

Cast _____

AUDITION INFORMATION

Audition DATE _____

Audition Contact _____

Audition
e-mail _____

Audition Phone _____

FORM COMPLETED BY

Your Name _____

Phone / E-mail _____

All this information WILL BE AVAILABLE TO THE PUBLIC SO THEY MAY CONTACT YOUR GROUP TO GET INVOLVED IN A SHOW.

IF YOU DO NOT WANT THE INFORMATION TO BE MADE PUBLIC PLEASE TICK HERE

PLEASE RETURN THIS FORM TO NEIL LITCHFIELD AT THE ASSOCIATION

PO BOX 1392 DARLINGHURST. NSW 1300. OR FAX 9380 6481

PATRON: Miss Nancye Hayes O.A.M.