

PLEASE COMPLETE AND RETURN TO Co3 AUSTRALIA

CONTACT DETAILS:

SCHOOL/INSTITUTION NAME: _____

TEACHER'S NAME: _____ **POSITION:** _____

POSTAL ADDRESS: _____

PHONE: _____ **EMAIL:** _____

WORKSHOPS DETAILS

| PAPER, SCISSORS, ROCKET! PERFORMANCE & WORKSHOPS | | WORKSHOPS & RESIDENCY | |
|---|--|---|--|
| FEE: FULL PRICE | FEE: WITH SUBSIDY* ONLY AVAILABLE FOR BOOKINGS DURING MON 13 – FRI 24 FEB & MON 20 – FRI 31 MAR 2017 | FEE: FULL PRICE | FEE: WITH SUBSIDY* ONLY AVAILABLE FOR BOOKINGS DURING MON 13 – FRI 24 FEB & MON 20 – FRI 31 MAR 2017 |
| PERFORMANCE = \$225 +GST | PERFORMANCE = \$100 +GST | 1HR = \$200 +GST | 1HR = \$100 +GST |
| WORKSHOP (40-60 MINS) = \$75 +GST EACH | WORKSHOP (40-60 MINS) = \$40 +GST EACH | FULL DAY = \$500 + GST | FULL DAY = \$275 + GST |
| FULL DAY PACKAGE (x1 PERFORMANCE + x4 WORKSHOPS) = \$500 +GST | FULL DAY PACKAGE (x1 PERFORMANCE + x4 WORKSHOPS) = \$225 +GST | RESIDENCY: REGULAR WEEKLY ENGAGEMENT (1 DAY PER WEEK MIN. 3 WEEKS) = \$480/DAY +GST | RESIDENCY: REGULAR WEEKLY ENGAGEMENT (1 DAY PER WEEK MIN. 2 WEEKS, MAX. 4 WEEKS) = \$250/DAY +GST |

NB. *FOR ANY WORKSHOP BOOKINGS DURING MON 13 – FRI 24 FEB & MON 20 – FRI 31 MAR 2017 (MON – FRI ONLY), SCHOOLS WILL BE OFFERED A SUBSIDISED RATE AS INDICATED IN "FEE: WITH SUBSIDY" COLUMN (SEE TABLE ABOVE) WITH THANKS TO HEALTHWAY THROUGH THE HEALTH MESSAGE OF ACT-BELONG-COMMIT. WORKSHOPS ARE DELIVERED BY 2 Co3 DANCE ARTISTS UNLESS OTHERWISE NOTIFIED.

SELECT YOUR WORKSHOPS

| WORKSHOP | NUMBERS | | PREFERRED DATES | START TIME | FINISH TIME | YEAR LEVEL(S) | OFFICE USE ONLY |
|--|---|---------------------------------|-----------------|------------|-------------|---------------|-----------------|
| PAPER, SCISSORS, ROCKET! PERFORMANCE & WORKSHOPS MON 13 – FRI 24 FEB* MON 20 – FRI 31 MAR* OTHER DATES AVAILABLE UPON REQUEST | # PERFORMANCES: | # STUDENTS ATTENDING: | 1. | | | | |
| | # WORKSHOPS: | APPROX # STUDENTS /WORKSHOP: | 2. | | | | |
| CONTEMPORARY DANCE WORKSHOPS & RESIDENCIES MON 13 – FRI 24 FEB* MON 20 – FRI 31 MAR* OTHER DATES AVAILABLE UPON REQUEST | # WORKSHOPS (I.E. x1 1HR, x2 1HR, FULL DAY, RESIDENCY): | APPROX # STUDENTS /WORKSHOP: | 3. | | | | |
| | | | 1. | | | | |
| | | | 2. | | | | |
| | | | 3. | | | | |

I AM INTERESTED IN THE DANCE-FILM PROJECT 2017 FEBRUARY – MAY 2017.

PLEASE CONTACT ME ABOUT THE RESIDENCY PROGRAM.

PAYMENT OPTIONS

SEND ME AN INVOICE

EMAIL INVOICE TO:

AS ABOVE

ALTERNATIVE:

PAYMENT BY CHEQUE

PAYMENT BY CREDIT CARD

CARD TYPE (CIRCLE ONE): VISA / MASTERCARD / AMEX

NAME ON CARD: _____

CARD #: _____

EXP: _____ CVC: _____

CREDIT CARD AUTHORISATION

I authorise Ticketek to process this booking using the credit card details provided on this form.

SIGNED _____

DATE / /

LODGEMENT OF FORM

Please note that **THIS IS NOT A CONFIRMED BOOKING**; Co3 will be in contact to confirm. Not all times and dates requested will be available.

Completed booking forms can be emailed, faxed or posted to:

MAIL: PO Box 7009 Cloisters Square, WA 6850

EMAIL: info@co3.org.au

FAX: (08) 9226 2323

**IF YOU HAVE ANY QUERIES PLEASE CONTACT
Co3 ADMINISTRATOR, JAZ CAPPEAU ON
(08) 9226 2322 OR info@co3.org.au**



Government of Western Australia
Department of Culture and the Arts



Mentally Healthy WA

