

2009-2010 SCHOOL MAINSTAGE ORDER FORM

STEP 1: CIRCLE YOUR SHOWS

BEAUTY & THE BEAST JR. HOLIDAY FOLLIES JACK & THE BEANSTALK TOM SAWYER

STEP 2: CIRCLE YOUR DATES & TIMES

DISNEY'S BEAUTY & THE BEAST JR.

Fri, Oct. 16 9:30am 12:00pm
 Tues, Oct. 20 10:00am 12:30pm*
 Thur, Oct. 22 9:30am 12:00pm
 Fri, Oct. 23 9:30am

HOLIDAY FOLLIES: A FAMILY HOLIDAY FESTIVAL

Fri, Dec. 4 9:30am 12:00pm
 Tues, Dec. 8 10:00am 12:30pm*
 Thur, Dec. 10 9:30am 12:00pm
 Fri, Dec. 11 9:30am 12:00pm

JACK & THE BEANSTALK

Fri, Feb. 26 9:30am 12:00pm
 Tues, Mar. 2 10:00am 12:30pm*
 Thur, Mar. 4 9:30am 12:00pm
 Fri, Mar. 5 9:30am 12:00pm

TOM SAWYER: A RIVER ADVENTURE

Fri, Apr. 16 9:30am 12:00pm
 Tues, Apr. 20 10:00am 12:30pm*
 Thur, Apr. 22 9:30am
 Fri, Apr. 23 9:30am 12:00pm

*Designated Home School student and signed performances. Children under three can only attend these performances.

STEP 3: CIRCLE YOUR PRICE

4-SHOW SERIES	3-SHOW SERIES	2-SHOW SERIES	INDIVIDUAL TICKETS
\$20	\$15	\$14	\$7

STEP 4: COMPLETE YOUR ORDER

Number of Students _____ Price _____ Subtotal _____
 _____ X \$ _____ = \$ _____

Number of Free Chaperones (YOU RECEIVE ONE FREE CHAPERONE FOR EVERY 15 STUDENTS.)
 _____ X \$ 0.00 = \$ 0.00

Number of Paid Chaperones (YOU MUST PAY THE TICKET PRICE CORRESPONDING TO CHOSEN SERIES.)
 _____ X \$ _____ = \$ _____

Interactive Study Guide WorkShop (PLEASE CHECK EACH OF THE SHOWS YOU WOULD LIKE.)
 BEAUTY & THE BEAST JR. HOLIDAY FOLLIES X \$55.00 per WorkShop = \$ _____
 JACK & THE BEANSTALK TOM SAWYER (\$65 per WorkShop outside I-275 loop)

TOTAL = \$ _____

SCHOOL NAME _____ GRADE LEVEL _____

TEACHER NAME _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE _____ EXT _____ FAX _____

DISTRICT _____ EMAIL _____

SIGNATURE _____ DATE _____

Payment or Purchase Order must accompany order to ensure your reservation.

Complete order form and fax to:

513.569.8084

Please mail check, money order or PO to:

The Children's Theatre
Attn: School Orders 09-10
5020 Oaklawn Drive
Cincinnati, OH 45227-1434

Please indicate the number of special needs accessible seats in your order:

_____. Seating is limited and cannot be guaranteed unless reserved.

Please indicate the number of hearing-impaired students in your order: _____.
 Signed performances are on Tuesdays at 12:30.

Please indicate your estimated number of buses: _____.

Please indicate the number of children under three in your order: _____.

Is this your first visit to TCTC? _____

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