

2010-2011 SCHOOL MAINSTAGE ORDER FORM

STEP 1: CIRCLE YOUR SHOWS

HOW I BECAME A PIRATE

HOLIDAY FOLLIES 2

DISNEY'S
THE JUNGLE BOOK

DISNEY'S
PETER PAN JR

STEP 2: CIRCLE YOUR DATES & TIMES

HOW I BECAME A PIRATE

Fri, Oct. 15 9:30am 12:00pm
 Tues, Oct. 19 10:00am 12:30pm*
 Wed, Oct. 20 10:00am
 Thur, Oct. 21 9:30am 12:00pm
 Fri, Oct. 22 9:30am 12:00pm

HOLIDAY FOLLIES 2: A TRIP TO THE NORTH POLE

Fri, Dec. 3 9:30am 12:00pm
 Tues, Dec. 7 10:00am 12:30pm*
 Wed, Dec. 8 10:00am
 Thur, Dec. 9 9:30am 12:00pm
 Fri, Dec. 10 9:30am 12:00pm

DISNEY'S THE JUNGLE BOOK kids

Fri, Feb. 18 9:30am 12:00pm
 Tues, Feb. 22 10:00am 12:30pm*
 Wed, Feb. 23 10:00am
 Thur, Feb. 24 9:30am 12:00pm
 Fri, Feb. 25 9:30am 12:00pm

DISNEY'S PETER PAN JR

Fri, Apr. 1 9:30am 12:00pm
 Tues, Apr. 5 10:00am 12:30pm*
 Wed, Apr. 6 10:00am
 Thur, Apr. 7 9:30am 12:00pm
 Fri, Apr. 8 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
\$20

3-SHOW SERIES
\$15

2-SHOW SERIES
\$14

INDIVIDUAL TICKETS
\$7

STEP 4: COMPLETE YOUR ORDER

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

				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 10-11
5020 Oaklawn Drive
Cincinnati, OH 45227-1434

Please indicate the number of hearing-impaired students in your order: _____
 Is this your first visit to TCTC? _____

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: _____

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

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

**FOR OFFICE
 USE ONLY
 Website**

Call 513.569.8080 ext. 13 or visit www.thechildrenstheatre.com