

# 2010-2011 SCHOOL ORDER FORM

## STEP 1: CIRCLE YOUR SHOWS

HOW I BECAME A PIRATE

HOLIDAY FOLLIES 2

DISNEY'S  
THE JUNGLE BOOK KIDS

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 12:30pm\*  
 Thur, Oct. 21 9:30am  
 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 12:30pm\*  
 Thur, Dec. 9 9:30am  
 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  
 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  
 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

3-SHOW SERIES

2-SHOW SERIES

INDIVIDUAL TICKETS

\$20

\$15

\$14

\$7

QUESTIONS? Call 513.569.8080 ext. 13.

## STEP 4: COMPLETE YOUR ORDER

|   |   |          |   |          |          |
|---|---|----------|---|----------|----------|
| Number of Students _____  | X | \$ _____ | = | \$ _____ | Subtotal |
| Number of Free Chaperones (YOU RECEIVE ONE FREE CHAPERONE FOR EVERY 15 STUDENTS.) _____         | X | \$ 0.00  | = | \$ 0.00  |          |
| Number of Paid Chaperones (INDICATE NUMBER OF PAID CHAPERONES X APPLICABLE TICKET PRICE.) _____ | X | \$ _____ | = | \$ _____ |          |
| <b>TOTAL</b>  |   |          | = | \$ _____ |          |

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: \_\_\_\_\_

**FOR OFFICE  
USE ONLY**

**Please indicate the number of special needs accessible seats in your order:** \_\_\_\_\_  
 \* Seating is limited and cannot be guaranteed unless reserved.



To subscribe call 513.569.8080 ext. 13 or 1.877.233.8282 or contact [pam@thechildrenstheatre.com](mailto:pam@thechildrenstheatre.com) and be sure to visit us at [www.thechildrenstheatre.com](http://www.thechildrenstheatre.com).