

SECTION 1 – PERFORMANCE SELECTION Please complete all 4 sections

PERFORMANCE	SUGGESTED GRADE LEVEL	DATE	TIME (Circle One)		GRADE ATTENDING	# OF STUDENTS (Paid Tickets)	# FREE ADULT TICKETS (1 free w/ 10 students)	TOTAL SEATS REQUESTED (students + adults)	# PAID TICKETS		TICKET PRICE		TOTAL DUE
SAMPLE	--	--	10am	12:30pm	4, 5, 6	150	15	165	150	X	\$8	=	\$ 1,200
50 States in 60 Minutes	3rd-8th	11/18/19	10am	12:30pm						X	\$8	=	\$
Call of the Wild	6th-10th	11/19/19	10am							X	\$9	=	\$
Layer the Walls	3rd-7th	11/20/19	10am							X	\$8	=	\$
Math Maniac	2nd-5th	12/4/19	10am							X	\$8	=	\$
A Christmas Carol	K-6th	12/19/19	10am	12:30pm						X	\$8	=	\$
We Shall Overcome: A Celebration of Martin Luther King, Jr.	4th-12th	1/21/20	10am							X	\$10	=	\$
Pete the Cat	PreK-3rd	2/6/20	10am	12:30pm						X	\$8	=	\$
ArcAttack	4th-8th	2/10/20	10am							X	\$9	=	\$
Walk On: The Story of Rosa Parks	3rd-8th	2/25/20	10am							X	\$9	=	\$
County of Kings	9th-12th	3/6/20	9:30am							X	\$9	=	\$
Rosie Revere, Engineer	K-4th	3/11/20	10am	12:30pm						X	\$8	=	\$
Hear My Voice: Win the Vote	3rd-7th	3/24/20	10am	12:30pm						X	\$8	=	\$
Number the Stars	4th-8th	3/25/20	10am	12:30pm						X	\$8	=	\$
Macbeth	9th-12th	3/31/20	9:30am							X	\$10	=	\$
Llama Llama	PreK-1st	4/6/20	10am							X	\$8	=	\$
Dr. KaBoom & the Wheel of Science	3rd-8th	5/14/20	10am	12:30pm						X	\$8	=	\$
Miss Nelson Has a Field Day	K-5th	5/18/20	10am	12:30pm						X	\$8	=	\$

SECTION 2 – PATRON INFORMATION

SCHOOL NAME _____

SCHOOL REPRESENTATIVE/CONTACT PERSON (REQUIRED) _____

EMAIL ADDRESS (REQUIRED) _____

CLASSROOM TEACHER(S) _____

SCHOOL STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

SCHOOL PHONE # _____ EXT # _____ EVENING/WEEKEND PHONE # (REQUIRED) _____

Does anyone in your group need accommodations? (Wheelchair, Interpreter, Hearing System, etc.) YES NO

Please explain: _____

SECTION 3 – PRINCIPAL SIGNATURE (REQUIRED)

IMPORTANT I understand the Zeiterion's Theatre's cancellation policy and that if payment is not received by the Zeiterion 30 DAYS PRIOR to performance date, the seats I have requested may be released for sale to other groups.

SCHOOL PRINCIPAL SIGNATURE (REQUIRED) _____

SCHOOL PRINCIPAL NAME (please print) _____

SCHOOL PRINCIPAL EMAIL ADDRESS _____

The Z is committed to protecting the privacy and safety of all students. On occasion, The Z may use a photographer to capture the excitement of the Schooltime shows for publication including but not limited to print and electronic publications. If you are aware of any students that cannot have their picture taken, please contact The Z's education staff at 508-997-5664.

SECTION 4 – PAYMENT (REQUIRED)

MY SCHOOL PLANS TO PAY WITH: CHECK PURCHASE ORDER BILL MY: VISA MASTERCARD DISCOVER

CREDIT CARD # _____ EXP DATE _____

NAME ON CARD _____

SIGNATURE _____

AMOUNT _____