

ZEITERION THEATRE 2010-2011 SCHOOLTIME ORDER FORM

To hold your group's space, **FAX ORDER FORM TO: 508-999-5956**
or **MAIL to: ZEITERION THEATRE, P.O. Box 4084, New Bedford, MA 02741**

PERFORMANCE	Suggested GRADE LEVEL	DATE	TIME Circle One		GRADE attending	# OF PAID TIX	PRICE	TOTAL DUE	# OF ADULTS 1 Free w/10
Death of A Salesman	8 and Up	10/15/2010	9:30 AM	2½-HOURS			\$12		
Three Cups of Tea	7 and Up	10/21/2010	9:30 AM	2-HOURS		SOLD OUT	\$10		
ZooZoo	PreK-3	10/29/2010	10:00 AM				\$10		
Berenstain Bears	PreK-3	11/8/2010	10:00 AM	12:30 PM			\$8		
Toying with Science	2-6	11/16/2010	10:00 AM			SOLD OUT	\$8		
A Christmas Carol	1-8	12/3/2010	10:00 AM	12:30 PM			\$8		
Click, Clack, Moo	PreK-4	2/01/2011	10:00 AM	12:30 PM		SOLD OUT	\$8		
Ailey II	3 and Up	2/09/2011	10:00 AM				\$12		
Wings of Courage	3-8	2/17/2011	10:00 AM				\$8		
The Man Who Planted Trees	2-8	3/07/2011	10:00 AM	12:30 PM			\$10		
Hamlet	7 and Up	3/09/2011	9:30 AM	90 mins.			\$10		
Ferdinand the Bull	K-6	3/18/2011	10:00 AM			SOLD OUT	\$9		
Mariachi Los Camperos	3 and Up	4/01/2011	10:00 AM				\$9		
Charlotte's Web	K-5	4/12/2011	10:00 AM	12:30 PM		SOLD OUT	\$8		
We The People	4-8	4/27/2011	10:00 AM	12:30 PM			\$8		
Room on the Broom	PreK-3	4/28/2011	10:00 AM				\$9		

SCHOOL NAME:

SCHOOL REPRESENTATIVE/CONTACT PERSON (REQUIRED):

The School Representative is responsible for notifying the Z of any changes to the reservation before the payment deadline (60 days prior). Notice of cancellation must be made 60 days prior to performance. Cancellations made less than 60 days will not be refunded.

EMAIL ADDRESS (REQUIRED):

Classroom Teacher(s):

School Street Address:

City:

State:

Zip:

School phone # :

Ext#

Evening/Weekend phone # (REQUIRED):

Does anyone in your group have special seating needs? (Wheelchair, Sight, etc.)

Yes

No

Please explain:

IMPORTANT**I understand the cancellation policy stated above and that if payment is not received by the Zeiterion 60 DAYS PRIOR to performance date, the seats I have reserved may be released for sale to other groups

My School plans to pay with Purchase Order Check Credit Card

We will make a credit card payment now.

Credit Card Number: _____

Name on Card: _____

Amount: _____

School Principal Signature (REQUIRED)