

ZEITERION THEATRE 2015-2016 SCHOOLTIME REQUEST FORM

EARLY BIRD DISCOUNTS! ORDER and PAY by: JULY 15 & receive a 10% DISCOUNT! SEPTEMBER 4 & receive a 5% DISCOUNT!

Section 1 – Performance Selection Please complete all 4 sections

PERFORMANCE	SUGGESTED GRADE LEVEL	DATE	TIME CIRCLE ONE		GRADE ATTENDING	TOTAL SEATS REQUESTED <small>students + adults</small>	# FREE ADULT TICKETS <small>1 free w/ 10 students</small>	# PAID TICKETS		TICKET PRICE		TOTAL DUE
SAMPLE	--	--	10AM	12:30PM	4, 5, 6	165	15	150	X	\$8	=	\$ 1,200
Goodnight Moon/Runaway Bunny	PreK-2nd	10/19/15	10AM						X	\$8	=	\$
Anne Frank	5th-10th	10/21/15	10AM	12:30PM					X	\$9	=	\$
Toying with Science	2nd-6th	11/17/15	10AM						X	\$8	=	\$
A Christmas Carol	1st-7th	11/24/15	10AM	12:30PM					X	\$8	=	\$
The Lion, the Witch and the Wardrobe	1st-7th	12/9/15	10AM	12:30PM					X	\$8	=	\$
Raisin' Cane	6th & Up	2/5/16	10AM						X	\$10	=	\$
Moby Dick	4th & Up	2/8/16	10AM	12:30PM					X	\$9	=	\$
Rosa Parks	3rd & Up	2/24/16	10AM						X	\$9	=	\$
Hear My Voice	4th & Up	3/2/16	10AM	12:30PM					X	\$9	=	\$
Out of Bounds	5th-9th	3/9/16	10AM						X	\$8	=	\$
Macbeth	6th & Up	4/6/16	9:30AM						X	\$10	=	\$
20,000 Leagues	K-5	4/11/16	10AM	12:30PM					X	\$9	=	\$
Where the Wild Things Are	PreK-3rd	4/29/16	10AM	12:30PM					X	\$10	=	\$
Glass Castle	7th & Up	5/18/16	9:30AM						X	\$12	=	\$
Glass Castle	7th & Up	5/19/16	9:30AM						X	\$12	=	\$
Junie B. Jones	K-5th	5/19/16	10AM	12:30PM					X	\$8	=	\$
Charlotte's Web	K-5th	6/1/16	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 have special seating needs? (Wheelchair, Sight, 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 60 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 Schoolttime 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 aowen@zeiterion.org.

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 _____

To request your group's space, FAX THIS FORM TO: 508-999-5956
OR MAIL TO: Zeiterion Theatre, 684 Purchase St. New Bedford, MA 02740

www.zeiterion.org