

# ZEITERION THEATRE 2012-2013 SCHOOLTIME REQUEST FORM

## Section 1 – Performance Selection Please complete all 4 sections

PERFORMANCE	SUGGESTED GRADE LEVEL	DATE	TIME		GRADE ATTENDING	# OF PAID TIX	# OF ADULTS <small>1 FREE W/ 10</small>	TICKET PRICE	TOTAL DUE	PAYMENT DUE DATE
			CIRCLE ONE							
Pride and Prejudice	7th-12th	10/19/2012	9:30 AM					\$11		9/10/2012
Toying with Science	2nd-6th	11/7/2012	10:00 AM					\$8		9/14/2012
We the People	4th-8th	11/14/2012	10:00 AM	12:30 PM				\$8		9/17/2012
Martha Speaks	PreK-4th	12/4/2012	10:00 AM	12:30 PM				\$8		10/5/2012
A Christmas Carol	1st-8th	12/18/2012	10:00 AM	12:30 PM				\$8		10/19/2012
Skippyjon Jones	K-3rd	2/5/2013	10:00 AM	12:30 PM				\$8		12/7/2012
A Midsummer Night's Dream	6th-12th	2/12/2013	9:30 AM					\$10		12/14/2012
Secret Life of Bees	7th-12th	2/27/2013	9:30 AM					\$12		1/8/2013
Secret Life of Bees	7th-12th	2/28/2013	9:30 AM					\$12		1/9/2013
Ancient Mayan Music & Aztec Dances	3rd-12th	3/15/2013	10:00 AM					\$10		1/14/2013
Guess How Much I Love You	PreK-2nd	3/25/2013	10:00 AM					\$8		1/24/2013
Charlotte's Web	K-5th	4/11/2013	10:00 AM	12:30 PM				\$8		2/11/2013
MatheMagic	4th-8th	4/25/2013	10:00 AM					\$8		2/27/2013
MatheMagic	K-3rd	4/25/2013		12:30 PM				\$8		2/27/2013
Alexander & the Terrible, Horrible, No Good, Very Bad Day	PreK-4th	4/29/2013	10:00 AM	12:30 PM				\$8		2/28/2013
Click, Clack, Moo	K-4th	6/4/2013	10:00 AM	12:30 PM				\$8		4/5/2013

## 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) \_\_\_\_\_

## 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

[www.zeiterion.org](http://www.zeiterion.org)  
508-997-5664

OR MAIL TO: Zeiterion Theatre,  
684 Purchase St. New Bedford, MA 02740