

ZEITERION THEATRE 2013-2014 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		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	PAYMENT DUE DATE
			CIRCLE ONE									
SAMPLE	--	--	10:00AM	12:30PM	4 5 6	156	15	141	X	\$8 =	\$ 1,128	--
Rachel's Challenge	6th-8th	10/23/13	9:30AM						X	\$8 =	\$	9/9/13
Rachel's Challenge	9th-12th	10/23/13		12PM					X	\$8 =	\$	9/9/13
Anne Frank	5th-10th	11/19/13	10AM	12:30PM					X	\$9 =	\$	9/20/13
Toying with Science	2nd-6th	11/20/13	10AM						X	\$8 =	\$	9/23/13
A Christmas Carol	1st-8th	12/3/13	10AM	12:30PM					X	\$8 =	\$	10/4/13
Freedom Train	3rd-9th	1/16/14	10AM	12:30PM					X	\$8 =	\$	11/18/13
Junie B. Jones	K-5th	2/11/14	10AM	12:30PM					X	\$8 =	\$	12/13/13
Frederick Douglass	4th-12th	2/28/14	10AM						X	\$11 =	\$	1/6/14
Sol y Canto	All Ages	3/13/14	10AM						X	\$8 =	\$	1/13/14
Swimmy	PreK-3rd	3/17/14	10AM						X	\$8 =	\$	1/16/14
The Giver	5th-12th	3/27/14	9:30AM						X	\$12 =	\$	1/27/14
The Giver	5th-12th	3/28/14	9:30AM						X	\$12 =	\$	1/28/14
Teacher from the Black Lagoon	K-4th	4/2/14	10AM	12:30PM					X	\$8 =	\$	2/3/14
Mathemagic	4th-8th	4/8/14	10AM						X	\$8 =	\$	2/7/14
Mathemagic	K-3rd	4/8/14		12:30PM					X	\$8 =	\$	2/7/14
Romeo & Juliet	6th-12th	4/16/14	9:30AM						X	\$10 =	\$	2/10/14
The New American	4th-10th	5/29/14	10AM	12:30PM					X	\$9 =	\$	3/31/14
Charlotte's Web	K-5th	6/2/14	10AM	12:30PM					X	\$8 =	\$	4/3/14

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 _____

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