

# ZEITERION THEATRE 2011-2012 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 1 FREE W/ 10	TICKET PRICE	TOTAL DUE	PAYMENT DUE DATE
			CIRCLE ONE							
Goodnight Moon & Runaway Bunny	PreK-2nd	10/17/2011	10:00 AM	12:30 PM				\$8		9-Sep
Civil War Voices	5th and Up	10/28/2011	9:30 AM					\$11		16-Sep
Toying with Science	2nd-6th	11/15/2011	10:00 AM					\$8		19-Sep
Junie B. Jones	K-5th	11/22/2011	10:00 AM	12:30 PM				\$8		23-Sep
A Christmas Carol	1st-8th	12/15/2011	10:00 AM	12:30 PM				\$8		17-Oct
Duck for President & Fancy Nancy	K-4th	1/31/2012	10:00 AM	12:30 PM				\$8		2-Dec
The Rivalry	7th and Up	2/13/2012	9:30 AM					\$11		15-Dec
Macbeth	6th and Up	2/15/2012	9:30 AM					\$10		19-Dec
Twinkle Twonkle	PreK-2nd	2/16/2012	10:00 AM	12:30 PM				\$9		19-Dec
Ramona Quimby	1st-5th	2/28/2012	10:00 AM	12:30 PM				\$8		3-Jan
Letters Home	9th and Up	3/30/2012	9:30 AM					\$10		30-Jan
MatheMagic	4th-8th	4/3/2012	10:00 AM					\$8		3-Feb
MatheMagic	K-3rd	4/3/2012	---	12:30 PM				\$8		3-Feb
The Kite Runner	9th and Up	4/4/2012	9:00 AM					\$12		4-Feb
The Kite Runner	9th and Up	4/5/2012	9:00 AM					\$12		5-Feb
Freedom Train	3rd-7th	4/11/2012	10:00 AM	12:30 PM				\$8		13 Feb
Dayton Contemporary Dance Company	3rd and Up	4/27/2012	10:00 AM					\$12		27-Feb
SkippyJon Jones	K-3rd	4/30/2012	10:00 AM	12:30 PM				\$8		1-Mar

## 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

OR MAIL TO: Zeiterion Theatre,

684 Purchase St. New Bedford, MA 02740

[www.zeiterion.org](http://www.zeiterion.org)

508-997-5664