

Field Trip/Professional Development Order Form

Field Trips

CAREER DAYS FOR HIGH SCHOOL STUDENTS							
Date	Time	# of Students (\$4 each)	# of Teachers (Free)	Lunch (\$4.50 each)	Subtotal	20% Deposit	Balance Due
Dec. 4	9:30 AM - 1:00 PM						
Mar. 19	9:30 AM - 1:00 PM						
JUMPSTART DAYS FOR MIDDLE SCHOOL STUDENTS							
Date	Time	# of Students (\$4 each)	# of Teachers (Free)	Lunch (\$4.50 each)	Subtotal	20% Deposit	Balance Due
Nov. 6	9:30 AM - 1:00 PM						
Feb. 5	9:30 AM - 1:00 PM						
SLAM U FIELD TRIP FOR HIGH SCHOOL STUDENTS • Free with Lunch Provided							
Date	Time	# of Students	# of Teachers	Lunch Included			
Feb. 19	10:00 AM - 12:30 PM						
MASTER CLASSES FOR HIGH SCHOOL & COLLEGE STUDENTS							
Please notify me of Master Class opportunities by: <input type="checkbox"/> Fax <input type="checkbox"/> Email							
VIRTUAL FIELD TRIP • BACKSTAGE WITH FOR HIGH SCHOOL STUDENTS							
Please notify me of BackStage with... opportunities by: <input type="checkbox"/> Fax <input type="checkbox"/> Email							
VIRTUAL FIELD TRIP • KEYBANK CAREERS IN THE PERFORMING ARTS FOR HIGH SCHOOL STUDENTS							
Please notify me of Career Program opportunities by: <input type="checkbox"/> Fax <input type="checkbox"/> Email							

Professional Development

ENGLISH-SPEAKING UNION NATIONAL SHAKESPEARE COMPETITION TEACHER ORIENTATION			
Date	Time	# of Participants	Total Due
Oct. 27	4:00 - 6:00 PM		Free
FALL FOR THE ARTS			
Date	Time	# of Participants (\$15 each)	Total Due
Oct. 28	4:00 - 8:00 PM		

List Participant Names:

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NO CHILDREN UNDER AGE TWO AT SCHOOL PERFORMANCES.

Please complete this form and return with 20% deposit or full payment to:

PlayhouseSquare
 School Performances
 1501 Euclid Ave., Suite 200
 Cleveland, OH 44115
 Fax: 216-664-6069

ORDER FORM
cont'd. on next page >

 Please indicate special needs on reverse.

Field Trip/Professional Development Order Form

Please fill out ALL information.
Order will not be processed if form is incomplete!

School _____

Principal _____

Address _____

City _____ State _____ ZIP _____

County _____ District _____

School Phone _____ School Fax _____

Coordinator's Name _____ Best Time to Call _____

Coordinator's Home Phone _____ Email Address _____

My school/district is a Partner in Performance: Y N

My school has received a Discover PlayhouseSquare DVD: Y N

 Special Needs: _____

How will you arrive at PlayhouseSquare: School Buses Cars RTA Other _____

Method of Payment

Check enclosed payable to Playhouse Square Foundation *(There will be a \$15 fee for returned checks.)*

Purchase Order # _____ American Express Discover Mastercard Visa

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

Credit Card Billing Address (if different from school address) _____

City _____ State _____ ZIP _____

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1501 Euclid Ave., Suite 200
Cleveland, OH 44115
Fax: 216-664-6069

*For information and/or special
needs and services, call 216-348-7909
(Mon.-Fri. 10 am-4 pm)*