

International Children's Festival Order Form

DATE	TIME	GRADE LEVEL OF STUDENTS	# OF STUDENTS (\$5 each before 9/15) (\$6 each after 9/15) (9 or less - \$10 ea. before 9/15) (9 or less - \$11 ea. after 9/15)	# OF TEACHERS/ CHAPERONES 1 free per 20 students (\$5 each before 9/15) (\$6 each after 9/15)	SPECIAL NEEDS (Y or N)	PICNIC-STYLE LUNCH (Y or N) <i>Partners in Performance Schools ONLY</i>	SUB-TOTAL	20% DEPOSIT	BALANCE DUE
CORBIAN Visual Arts & Dance • Palace Theatre									
May 3	10:15 AM								
May 3	12:15 PM								
May 4	10:00 AM								
May 5	12:00 PM								
TAIKOPROJECT • Ohio Theatre									
May 5	10:00 AM								
May 6	10:00 AM								
May 6	12:00 PM								
May 7	10:00 AM								
May 7	12:00 PM								
DATE	TIME	GRADE LEVEL OF STUDENTS	# OF STUDENTS (\$10 each before 9/15) (\$11 each after 9/15) (9 or less - \$12 ea. before 9/15) (9 or less - \$13 ea. after 9/15)	# OF TEACHERS/ CHAPERONES 1 free per 20 students (\$10 each before 9/15) (\$11 each after 9/15)	SPECIAL NEEDS (Y or N)	PICNIC-STYLE LUNCH (Y or N) <i>Partners in Performance Schools ONLY</i>	SUB-TOTAL	20% DEPOSIT	BALANCE DUE
Farfalle • Allen Theatre									
May 5	10:15 AM								
May 5	12:15 PM								
May 6	10:15 AM								
May 6	12:15 PM								
May 7	10:15 AM								
May 7	12:15 PM								
The Man Who Planted Trees • Westfield Insurance Studio Theatre									
May 4	10:15 AM								
May 4	12:15 PM								
May 5	10:00 AM								
May 5	12:00 PM								
May 6	10:00 AM								
May 6	12:00 PM								
May 7	10:00 AM								
May 7	12:00 PM								

NO CHILDREN UNDER AGE TWO AT SCHOOL PERFORMANCES.

 Please indicate special needs on reverse.

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 >

International Children's Festival 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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and return with 20% deposit
or full payment to:

PlayhouseSquare
School Performances
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)*