


Performances for Schools 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
Stellaluna • Ohio Theatre									
Oct. 20	11:00 AM								
Oct. 21	10:00 AM								
Oct. 21	12:00 PM								
Oct. 22	10:00 AM								
Oct. 22	12:00 PM								
Oct. 23	10:00 AM*								
Oct. 23	12:00 PM								
The Very Hungry Caterpillar & Other Eric Carle Favorites • Ohio Theatre									
Jan. 12	11:00 AM								
Jan. 13	10:00 AM								
Jan. 13	12:00 PM								
Jan. 14	10:00 AM								
Jan. 14	12:00 PM								
Jan. 15	10:00 AM*								
Jan. 15	12:00 PM								
Black Violin • Ohio Theatre									
Mar. 2	10:00 AM								
Mar. 2	12:00 PM								
Mar. 3	10:00 AM								
Mar. 3	12:00 PM								
Mar. 4	10:00 AM								
Mar. 4	12:00 PM								
Mar. 5	10:00 AM								
Mar. 5	12:00 PM								

*Signed for the hearing impaired.

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 >

Performances for Schools 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 _____

3-Digit Security Code _____

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

City _____ State _____ ZIP _____

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

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