

# Performances for Schools Order Form ★

DATE	TIME	GRADE LEVEL OF STUDENTS	# OF STUDENTS	COST FOR STUDENTS (SEE PAGE 16 FOR TICKET PRICES)	# OF TEACHERS/CHAPERONES	COST FOR TEACHERS/CHAPERONES (SEE PAGE 16 FOR TICKET PRICES)	SUB-TOTAL	20% DEPOSIT	BALANCE DUE
<b>Me and My Shadow • Ohio Theatre</b>									
Oct. 29	10:00 AM								
Oct. 30	10:00 AM								
Oct. 30	12:00 PM								
Oct. 31	10:00 AM								
Nov. 1	10:00 AM*								
Nov. 1	12:00 PM								
<b>The Very Hungry Caterpillar &amp; Other Eric Carle Favorites • Ohio Theatre</b>									
Jan. 14	10:00 AM								
Jan. 14	12:00 PM								
Jan. 15	10:00 AM								
Jan. 15	12:00 PM								
Jan. 16	10:00 AM								
Jan. 16	12:00 PM								
Jan. 17	10:00 AM*								
Jan. 17	12:00 PM								
<b>The Intergalactic Nemesis • Palace Theatre</b>									
Jan. 29	10:00 AM								
Jan. 30	10:00 AM*								
<b>DiNO-Light • Ohio Theatre</b>									
Feb. 4	10:00 AM								
Feb. 5	10:00 AM								
Feb. 5	12:00 PM								
Feb. 6	10:00 AM								
Feb. 6	12:00 PM								
Feb. 7	10:00 AM*								
Feb. 7	12:00 PM								
<b>Doktor Kaboom! • Ohio Theatre</b>									
Mar. 11	10:00 AM								
Mar. 11	12:00 PM								
Mar. 12	10:00 AM*								
Mar. 12	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 Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

 **Special Needs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If arriving by school bus, how many buses? \_\_\_\_\_

## 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 \_\_\_\_\_

3-4 Digit Security Code \_\_\_\_\_

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For information and/or special needs and services,  
call 216-348-7909 (Mon.-Fri. 10 a.m.-4 p.m.)