

# 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:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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 >

# 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 \_\_\_\_\_

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)*