

# 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
<b>Leo Lionni's Swimmy, Frederick, &amp; Inch by Inch ▾ Ohio Theatre</b>									
Oct. 19	11:00 AM								
Oct. 20	10:00 AM								
Oct. 20	12:00 PM								
Oct. 21	10:00 AM								
Oct. 21	12:00 PM								
Oct. 22	10:00 AM*								
Oct. 22	12:00 PM								
<b>Knuffle Bunny: A Cautionary Musical ▾ Ohio Theatre</b>									
Jan. 11	10:00 AM								
Jan. 11	12:00 PM								
Jan. 12	10:00 AM								
Jan. 12	12:00 PM								
Jan. 13	10:00 AM								
Jan. 13	12:00 PM								
Jan. 14	10:00 AM*								
Jan. 14	12:00 PM								
<b>Beakman on the Brain ▾ Ohio Theatre</b>									
Feb. 28	10:00 AM								
Feb. 28	12:00 PM								
Mar. 1	10:00 AM								
Mar. 1	12:00 PM								
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								
<b>Harold and the Purple Crayon: A Dance Adventure ▾ Ohio Theatre</b>									
Mar. 25	10:00 AM								
Mar. 25	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 \_\_\_\_\_

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

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