



# 2017-2018 SCHOOL SERIES ORDER FORM



## Contact Information

Teacher Name: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact email address will be the primary means of communication. Providing an email address is mandatory.

## Logistical Information

How many buses will be traveling to the Dr. Phillips Center? \_\_\_\_\_

Does your class require ADA accommodations? (circle one)    Y    N

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## Show Information – Please See Separate Document

Harriet Tubman and the Underground Railroad  
Ages 7+ – Tickets \$9

Doktor Kaboom! Live Wire!  
Ages 4-10 – Tickets \$9

**Note:** With every 10 tickets purchased, a complimentary ticket is supplied for a teacher or chaperone.

Show Names	Grade Level	Student Tickets	Chaperone Tickets	Total No. of Tickets
Harriet Tubman and the Underground Railroad Friday, February 23, 2018 at 10:30 a.m.				
Doktor Kaboom! Live Wire! Tuesday, March 6, 2018 at 10:30 a.m.				
<b>Total number of tickets for all shows:</b>				



## Application Checklist

- Complete and sign order form.
- Required: \$50 non-refundable deposit to reserve seats.
- Be prepared to pay remaining balance one month prior to date of performance.
- Mail, email or fax application packet to:

Dr. Phillips Center for the Performing Arts  
Group Sales Department

155 east anderson street  
orlando, fl 32801

e. groups@drphillipscenter.org  
p. 407.455.5550  
f. 407.999.7805

## Please Sign

I have read the 2017-18 School Series Order Form and agree to reserve the seats noted above. I certify that:

1. My school is eligible to participate.
2. I understand the remaining balance is due one month prior to date of performance.
3. I understand seating is allocated based upon receipt of full payment.
4. I am authorized to commit my school to this program.
5. I will be the primary contact for my school.
6. I understand that the reservation is **not** complete until the deposit is received by the Dr. Phillips Center.

Signature:

Date:

Print Name:

## Method of Payment

*If you would like to process credit card information over the phone please call the Group Sales Department at 407.455.5550*

- A **\$50 deposit** is due with the School Series Order Form to hold your seats.
- We will invoice you for the remaining balance after your seats are reserved.
- Seats will not be allocated until full payment is received.
- With every 10 tickets purchased, a complimentary ticket is supplied for a teacher or chaperone.
- The remaining balance is due **one month prior to date of performance.**

Check ( *Make Payable to Dr. Phillips Center for the Performing Arts* )     Credit Card

Type of Card:    Visa        Mastercard        Discover        American Express

Name that Appears on Credit Card:

Credit Card #:

Expiration Date:

CVC ( 3 digit # on back of card ):