



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 or 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, 2017 at 10:30 a.m.				
Doktor Kaboom! Live Wire! Tuesday, March 6, 2017 at 10:30 a.m.				
Total number of tickets for all shows:				



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
 Education Department

155 east anderson street
 orlando, fl 32801

e. kayla.rooplal@drphillipscenter.org
 p. 407.992.1773
 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):