

school series order form

18/19



contact information

teacher name _____

school name _____ school phone _____

school address _____

city _____ state _____ zip code _____

contact email *(mandatory—this is our primary means of communication)* _____ contact phone _____

logistical information

How many buses will you take to Bob Carr Theater? _____

Does your class require ADA accommodations? yes no

If yes, please explain:

show information

shows	grade level	# of student tickets	# of chaperone tickets	total # of tickets
				total tickets:

please sign

I have read the 18/19 School Series order form policies 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 before the date(s) of my performance(s).
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 Dr. Phillips Center receives my deposit.

print name

signature

date

method of payment

To process credit card info over the phone, call us at **407.455.5551**.

check* credit card

type of card: Visa Mastercard Discover American Express

name that appears on credit card

credit card number

expiration date

CVC (3-digit number on back of card)

billing zip code

* Make payable to Dr. Phillips Center for the Performing Arts.

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

Attn: School Series

155 East Anderson Street

Orlando, FL 32801

407.455.5551

jennifer.stehle@drphillipscenter.org

drphillipscenter.org/schoolseries