

Student Matinee Response Form

Th	-		11, 2018 at r 13, 2018 at						
	•		·						
Schoo	ol								
Grade(s)			Estimated	d # of stude	ents	# of students requiring special seating (a child and aide will be seated together)			
Conto	Contact Name				Contac	t title			
Email									
()	-	Ext.		()	-		
Schoo	School phone number				Personal Phone (home/cell)				
Addr	ess								
City							State	Zip	
Pavm	ent through	ı: 🗆 Scho	ool District 🛚	BOCES 🗆 (Other (ple	ase spe	ecify)		

<u>Cancellation/Inclement weather policy</u>: In the event your school is unable to make your scheduled performance, due to a snow day or any other reason, you will receive a refund minus a 10% administrative fee.

quickly so please make your reservation as soon as possible.