

theatreworksUSA

2009-2010 Class Trips Mailing Form

1) I am ordering:

- GROUP TICKETS (for 10 or more paid):**
\$8.00 per seat, with one free chaperone seat for every 10 paid.
- INDIVIDUAL TICKETS (for 9 or fewer paid):**
\$10.00 per seat. No free chaperone seats.

2) Payment:

- My check is enclosed, payable to Theatreworks USA. Please send one check only! Multiple checks will be returned.
- Charge to my:
 - VISA MASTERCARD AMEX
 - DISCOVER (include card details below)
- Please send invoice. I understand that payment must be received by the due-date on my invoice. If you do not receive an invoice within ten business days, please call us at 800.497.5007

SORRY, THERE WILL BE NO REFUNDS OR CREDITS.

Please make sure to complete all below fields. Failure to do so may result in the loss of your order!
Special accommodation requests for disabled students must be made at time of order.

Group Coordinator _____ Grade(s) _____

School Name _____ District/Diocese _____

School Address _____

City _____ State _____ Zip _____

School Phone (include area code) _____ Home Phone (include area code) _____

E-Mail Address (You MUST provide a working e-mail address. All invoices and tickets will be sent electronically.) _____

Credit Card # (if applicable) _____ Exp. Date _____

Name on Credit Card _____ Signature _____

CITY/THEATRE	SHOW TITLE	DATE	TIME	TOTAL SEATS ✓

✓ Include number of Free Chaperone seats in this total

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