

Booking information

To reserve space for your students, please complete the booking form on the reverse side. Please mail, e-mail or fax your request to the address below and a confirmation report and invoice will follow.

No phone bookings will be accepted.

CONTACT:

Amani Wassef

Education and Outreach Director

ph (506) 459-6212

fax (506) 459-6206

e-mail amani@theplayhouse.ca

- Tickets are \$7 per student with complimentary seating for chaperones and educators.
- Seating is available on a first-come, first-served basis.
- At the time of booking, please indicate if you have any students with special needs:

Listening assistive devices, transfer seats and wheelchair seating is available.



- *Payment is due on or before the day of the performance.* Cheques should be made payable to the Fredericton Playhouse Inc.

Booking Changes and Cancellations

Thank you for understanding that we have reserved space for your students. If you need to change your reservation, we respectfully request 24 hours notice. You will be charged for the seating you reserved.

We sincerely appreciate your cooperation.

If school is cancelled due to weather, your reservation will also be cancelled and you will not be charged for your seats.

Thank You

Bus-in Performances 2009-10 Booking Request Form

Bookings are accepted by mail, fax or e-mail only.

Please send completed form to:

Education and Outreach Program
The Fredericton Playhouse
686 Queen Street
Fredericton, NB E3B 1C2

Fax: (506) 459-6206 • E-mail: amani@theplayhouse.ca

Please indicate which performance(s) you are reserving space for:

- | | |
|---|--|
| <input type="checkbox"/> IN PINK— <i>Tues, Oct. 20</i> | <input type="checkbox"/> DARWIN— <i>Mon, February 22</i> |
| <input type="checkbox"/> OLD THOMAS AND THE LITTLE FAIRY—
<i>Mon, November 2</i> | <input type="checkbox"/> CIRCUS INCOGNITUS— <i>Wed, April 28</i> |
| <input type="checkbox"/> CYCOLOGY— <i>Mon, November 16</i> | |

Please PRINT and fill in ALL boxes including number of chaperones and total seats requested.

Name of School _____

Teacher/Contact _____

Phone: _____ E-Mail _____

School Address _____

City/town _____ Postal Code _____

School District: _____

	QUANTITY	TICKET PRICE	TOTAL
Number of students	@	\$7.00	= \$
Number of complimentary seats for teachers/chaperones	@	\$0.00	= \$ 0.00
Total seats =		Total cost =	

Grade range of students: _____

Accessibility:

Do you have students with special needs: NO Yes

Please specify: _____

Payment is due on or before the day of performance: We accept *cheques, debit and cash.

- Payment is enclosed Payment will be brought on day of performance
- Payment will be sent by mail in advance.

*Due to School District policy, we regretfully cannot accept credit card payments.