

On Stage at the Center 16/17

ORDER FORM ONE FORM FOR EACH PERFORMANCE (please copy if needed)

PATRON INFORMATION

School Constituent ID (SCFTA use only)

School District Grade Levels at School

School Address TYPE OF SCHOOL Public Private Charter Home

City Zip Code County

School Phone () Fax ()

Contact Person Position Constituent ID (SCFTA use only)

Cell Phone () E-mail Address

Grade Levels Attending No. of Buses (Buses must arrive 30 minutes prior to performance)

Special Seating Requirements

The SCHOOL REPRESENTATIVE is responsible for notifying the Center's Education Department (by phone or e-mail) of any changes to the reservation before the payment deadline. Notice of changes or cancellation must be made **1 MONTH** before the scheduled performance. Cancellations made less than 1 month in advance will require full payment.
NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS OR CHANGES MADE AFTER THE ONE MONTH PAYMENT DEADLINE.

PERFORMANCE CHOICES (Please check ONE. Must use a separate form for each performance)

- Walking the Tightrope (\$5)** **Goodnight Moon (\$7)** **The Little Prince (\$6)**
 October 13 & 14, 2016 November 3 & 4, 2016 February 15 & 16 & 17, 2017
- Mufaro's Beautiful Daughters (\$5)** **Where the Wilds Things Are (\$8)** **The Painted Garden (\$5)**
 March 6 & 7, 2017 April 18 & 19 & 20 & 21, 2017 May 17 & 18 & 19, 2017

CHOICE	DATE	TIME	
First			Order No. (SCFTA use only)
Second			

PAYMENT (Seats are \$5 to \$8 each. One FREE adult seat will be allotted for every 15 paid student tickets.)

Total number of Students _____ + Total number of adults (teachers, chaperones, etc.) _____ = Total attending

Total Students attending _____ **divided** by 15 = _____ Total # of free tickets (round down – example: 5.8 = 5)

Total attending **minus** Total # of free tickets _____ = _____ x Ticket price _____ = _____ Ticket Total
(See next to performance)

Ticket Total + \$10.00 administrative fee = _____ AMOUNT DUE

I understand the cancellation policy stated above and that if payment is not received by the Segerstrom Center for the Arts ONE MONTH PRIOR to the performance date, the seats I have reserved will be released for sale to other groups. _____
 Principal signature (required)

METHOD OF PAYMENT

Check enclosed, payable to Segerstrom Center for the Arts or SCFTA. *Please write name of performance in memo line of check.*
 Reservation and check must be received by payment deadline. One check per group, no staples please.

AMEX MASTERCARD VISA DISCOVER

<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </div>
Card Number	Exp. date	Name on Card	Authorized Signature

Bill me with Invoice (Reservation NOT confirmed until payment is received.)

RESERVATIONS ARE FIRST-COME, FIRST-SERVED:

Mail Order to: Segerstrom Center for the Arts, Attn: Bus-Ins, 600 Town Center Drive, Costa Mesa, CA 92626
 Fax Order to: 714.556.0156 E-mail Order to: bus-ins@SCFTA.org
 Questions? Please e-mail to the address above or call 714.556.2122 x 4333, Option 1