

You may order up to three performances using this form. Please copy and use additional pages if needed. You may submit one check with multiple forms. Reservations are confirmed **via email** after payment in full is received. Telephone and FAX orders are accepted only with credit card payment. **Two-for-one seats are available for groups of 10 or more students during the 2010-11 season.** One adult per ten students may be included in the two-for-one group. Additional adult seats must be purchased for \$8.50 each. Scholarship seats at \$4 are only available with program administrator signature verifying the number of Federal reduced price lunch students (or need-based scholarship students at private schools).

Name of School (if any) _____ Address _____ City _____ State _____ ZIP _____

Name of contact for this reservation _____ Phone _____ Email Address _____

Free/Reduced Cost Lunch Administrator signature verifying number of \$4.00 scholarship seats requested: _____

Performance Name	Time	# 2-for1 Seats	X \$4.25	# Verified Scholarship	X \$4.00	#Adults	X \$8.50	# Full-Price Students	X \$8.50	Total for Performance
			\$		\$		\$			\$

Names of teacher(s) attending and grade level(s): _____

Performance Name	Time	# 2-for1 Seats	X \$4.25	# Verified Scholarship	X \$4.00	#Adults	X \$8.50	# Full-Price Students	X \$8.50	Total for Performance
			\$		\$		\$			\$

Names of teacher(s) attending and grade level(s): _____

Performance Name	Time	# 2-for1 Seats	X \$4.25	# Verified Scholarship	X \$4.00	#Adults	X \$8.50	# Full-Price Students	X \$8.50	Total for Performance
			\$		\$		\$			\$

Names of teacher(s) attending and grade level(s): _____

If your first choice of time is not available for one of the above, can you attend the other performance on the same day (if available)? YES NO

TOTAL ORDER

Do you require special seating (wheelchair, vision impaired, etc.?) YES NO

Card Number _____ Exp. Date _____

Street Address/ZIP if different from above _____

Payment Method Check Credit Card: MasterCard VISA (Circle one)

Cardholder Name _____

Mail form with check to **Youth in Arts Presents, 999 Fifth Ave., #290, San Rafael, CA 94901.** Purchase orders NOT accepted. **Credit card orders may be sent via FAX to 415-457-4879.** Refunds will be made **ONLY** upon receipt of written cancellation at least **THREE WEEKS** prior to the performance. Questions? Call 415-457-4878 x 18

Signature _____