

School Matinee Reservation Request Form

Please fully complete and return this form via fax, e-mail, or mail (see contact info below).

Play: _____ Performance Date: _____

School Name: _____ School Phone: _____

School Address: _____

City: _____ State: _____ Zip: _____

Group Leader Name/Title: _____

Group Leader Phone: _____

Group Leader E-mail: _____

TYPE OF SEATS	NUMBER OF SEATS	PRICE PER SEAT	SUBTOTAL
Students		x \$3.00	= \$
Standard Chaperones <i>(1 per 10 students)</i>		x \$3.00	= \$
Additional Chaperones		x \$10.00	= \$
Total Seats		Total Due	\$

All reservations not accompanied by payment must include a purchase order number or credit card "hold" number. The number/type of seats reserved may be changed up to two weeks prior to the performance date via written communication (email, fax, or letter). **After that date, all reserved seats must be paid for whether used or not.** Please check one of the following methods of payment:

- Check Enclosed
- Purchase Order Number (attach copy of PO): _____
- Credit Card – CHARGE NOW Credit Card – HOLD (Card will be charged for cancellations occurring later than two weeks prior to the performance)
 - Visa MasterCard American Express

Card Number _____ Expiration Date _____

Signature _____

If anyone in your group requires special accommodations, please describe below:

*I understand that all sales are final. Theatre Tuscaloosa offers no refunds. I understand that **full payment for the number of tickets reserved is due by the day of show.** I understand that Theatre Tuscaloosa and/or Shelton State Community College are not responsible for any injuries or loss of personal items during my visit.*

Signature _____

Date _____