

ADMIRAL THEATRE

School Day Series Teacher Reservation Form

515 Pacific Avenue, Bremerton, WA 98337 / (360) 373-6810 / www.admiraltheatre.org

Teacher or Contact Name: _____

School Name: _____

Address: _____

City: _____ Zip: _____

Phone:() _____ Grade Level / Age Range: _____

E-mail (if you prefer correspondance by e-mail): _____

Date	Show	Time	Price	Number of Tickets (including teachers and chaperones)	Total
Tuesday, May 1, 2012	<i>Living Voices presents</i> Native Vision	10 AM	Groups of 10 or more free admission* (single ticket \$5)		\$
		12:30 PM	*\$10 processing fee will be added for groups of 10 or more		\$
Tuesday, May 8, 2012	Fancy Nancy & Other Storybooks	10 AM	\$5 (single tickets \$10)		\$
		12:30 PM	\$5 (single tickets \$10)		\$
				Total amount due	\$

Advance Reservations Required

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SPECIAL NEEDS (ie: assisted listening device needed, wheelchair access needed. etc.)

RESERVATION LOGISTICS

Please read thoroughly before placing your reservation.

- Please advise of any special needs at the time of the order
- Individual tickets may be available for school day shows. Please call (360) 373-6743 for availability and pricing.
- Seating preferences are NOT guaranteed.
- Additions to orders are subject to availability and may be set apart from your group. In order to receive group pricing, additions must be made through the group contact prior to the performance.
(All Reservations and additions made on the day of the show will be charged full price single ticket admission, payable at the door).
- Payment or purchase order must accompany this order form. Reservations are subject to cancellation if payment or purchase order is not received within 10 days of reservation.
- We request that school groups bring a minimum of one adult chaperone for every 10 students.
- All sales are final. There are no refunds of exchanges. Purchase orders will not be adjusted after submitted. Please plan accordingly.

PAYMENT (*Please check one*)

Purchase Order Attached Check Attached VISA / Mastercard / Discover / AMEX

Visa / Mastercard / Discover / AMEX: _____ Expiration: _____ V-Code: _____

Signed: _____ Date: _____

Billing Address: _____ Zip Code: _____

PLEASE SIGN BELOW AND FAX COMPLETED FORM TO (360) 405-0673
(Forms may also be mailed to Admiral Theatre / 515 Pacific Avenue / Bremerton, WA 98337)

SIGNED: _____ DATE: _____