

GROUP PWYC TICKET REQUEST 2015.2016 SEASON

School Contact Info:
Contact person name: _____
School name: _____
School Address: _____ _____
City: _____ Province/State: _____
School Phone: _____
Email: _____
Notes:
Please scan and email to: education@canadianstage.com
Or snail mail: Attn: Education Department 26 Berkeley Street, Toronto, ON Canada, M5A 2W3

	Grade Level/ Subject	# of students	# of chaperones	TOTAL SEATS	1 st choice time/date	2 nd choice time/date
<i>Kiss</i> (OCT 13 – NOV 1)						
<i>Julie</i> (NOV 17 – NOV 29)						
<i>Cold Blood</i> (FEB 10 - FEB 14)						
<i>Chimerica</i> (MAR 29 - APR 17)						

Proposed rate/ticket: \$_____
Proposed total (rate/ticket X total seats): \$_____

PLEASE NOTE: Group PWYC ticket requests will be confirmed approximately 2 weeks before your selected date(s). If your requested dates are unavailable, best efforts will be made to find alternate accommodations for your consideration.