

# GROUP PWYC TICKET REQUEST 2014.2015 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 <sup>st</sup> choice time/date	2 <sup>nd</sup> choice time/date
<i>Kiss &amp; Cry</i> (OCT 1-OCT 5)						
<i>Helen Lawrence</i> (OCT 12-NOV 1)						
<i>The Other Place</i> (JAN 18-FEB 7)						
<i>Harper Regan</i> (MAR 1-MAR 21)						
<i>Dominion</i> (APR 22-APR 25)						

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.