## **Order Form**

						Total
erformances		Time	# Beats	Time	# Bests	Seats
Biscuit	Tues, Oct 17	10 am		1 pm		
My Father's Dragon	Wed, Oct 18	10 am		1 pm		
Bill Blagg's Science of Magic	Fri, Jan 26	10 am		1 pm		
13 Story Treehouse	Mon, Feb 12	10 am		1 pm		
Guess How Much I Love You	Thurs, Feb 15	10 am		1 pm		
How I Became a Pirate	Tues, March 13	10 am		1 pm		
Go, Dog. Go!	Thurs, April 5	10 am		1 pm		

All daytime performances are approximately 60 minutes in length.
Registration Coordinator (person responsible for this order and all correspondence)  First Name Last Name Fax ( )  Phone ( ) E-mail Address
School Information  School Name School Type: (choose one from EACH category):  Preschool Elementary Middle Jr. High Sr. High School classification: Public Home Private Parochial Other (specify)  Address  City State Zip  Phone ( ) Fax ( )  Principal County
Principal Signature Total Number
Accessibility Needs  All accessibility and sensory needs requests must be indicated below:  Please indicate the NUMBER in your group requiring these services:  Which show/time?  Assisted Listening Device  Assisted Listening Device  Wheelchair-accessible seating  Interpreter accommodations  Other (specify):  *For more Information about the Sensory Program, please call the Grand Theater at 715-842-0988.
Payment Options  Please invoice me OR Credit Card Authorization MasterCard VISA Discover CVV# Expiration Date Card # CVV# Expiration Date Signature