

## 2024-25 ARTS IN EDUCATION SERIES **ORDER FORM**

					Total
	Time	# Seats	Time	# Seats	Seats
Tues, Oct 29	10 am				
Fri, Feb 7	10 am		1 pm		
Tues, Feb 25	10 am		1 pm		
Fri, Mar 7	10 am				
Wed, Mar 19	10 am		1 pm		
Tues, Apr 22	10 am				
Tues, May 6	10 am		1 pm		
	Fri, Feb 7 Tues, Feb 25 Fri, Mar 7 Wed, Mar 19 Tues, Apr 22 Tues, May 6	Tues, Oct 29 10 am Fri, Feb 7 10 am Tues, Feb 25 10 am Fri, Mar 7 10 am Wed, Mar 19 10 am Tues, Apr 22 10 am	Tues, Oct 29 10 am  Fri, Feb 7 10 am  Tues, Feb 25 10 am  Fri, Mar 7 10 am  Wed, Mar 19 10 am  Tues, Apr 22 10 am  Tues, May 6 10 am	Tues, Oct 29 10 am 1 pm  Fri, Feb 7 10 am 1 pm  Tues, Feb 25 10 am 1 pm  Fri, Mar 7 10 am  Wed, Mar 19 10 am 1 pm  Tues, Apr 22 10 am	Tues, Oct 29

Don't Let The Pigeon Drive The Bus   Wed, Mar 19   10 am   1 pm     Step Afrika   Tues, Apr 22   10 am   1 pm     School seats: \$6.00. General admission: \$8.00.   Registration Coordinator   (person responsible for this order and all correspondence)   First Name   Last Name   Fax ( )     Phone ( )   E-mail Address					
Charlotte's Web  Tues, May 6 10 am 1 pm  School seats: \$6.00. General admission: \$8.00.  Registration Coordinator (person responsible for this order and all correspondence)  First Name	Don't Let The Pigeon Drive The B	ws Wed, Mar 19	10 am	1 pm	
School seats: \$6.00. General admission: \$8.00.  Registration Coordinator (person responsible for this order and all correspondence)  First Name Last Name Fax ( )	Step Afrika	Tues, Apr 22	10 am		
Registration Coordinator (person responsible for this order and all correspondence)  First Name	Charlotte's Web	Tues, May 6	10 am	1 pm	
First Name Last Name Fax ( )	School seat	ts: \$6.00. General adm	ssion: \$8.0	0.	·
Position Title Fax ( )	Registration Coordinator (@	erson responsible for th	nis order an	d all corres	pondence)
School Information  School Name  School Type:   Preschool   Elementary   Middle   Jr. High   Sr. High  Address  City   State   Zip    Phone ( )   Fax ( )    Principal   County    Principal Signature    Means of Transportation:   School Bus   Van/Small Bus   Total Number      Individual Vehicles   Walking   Public Transportation    Other (specify)    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   Low or limited vision accommodation    Hearing assistance   Wheelchair-accessible seating    Interpreter accommodations   Special emotional needs accommodation (Seating near exit)	First Name	Last Name			
School Information  School Name  School Type:   Preschool   Elementary   Middle   Jr. High   Sr. High  Address  City   State   Zip    Phone ( )   Fax ( )    Principal   County    Principal Signature    Means of Transportation:   School Bus   Van/Small Bus   Total Number      Individual Vehicles   Walking   Public Transportation      Other (specify)    Accessibility Needs  All 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?   Low or limited vision accommodation    Hearing assistance   Wheelchair-accessible seating    Interpreter accommodations   Special emotional needs accommodation (Seating near exit)	Position Title	F	ax ( ) .		
School Name  School Type: Preschool Elementary Middle Jr. High Sr. High  Address  City State Zip  Phone ( ) Fax ( )  Principal County  Principal Signature  Means of Transportation: School Bus Van/Small Bus Total Number Individual Vehicles Walking Public Transportation  Other (specify)  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 Low or limited vision accommodation  Hearing assistance Wheelchair-accessible seating  Interpreter accommodations  Special emotional needs accommodation (Seating near exit)	Phone ( )	E-mail Address			
School Type:   Preschool   Elementary   Middle   Jr. High   Sr. High  Address   Zip   Phone ( )   Fax ( )   Principal   County   Principal Signature   Means of Transportation:   School Bus   Van/Small Bus   Total Number     Individual Vehicles   Walking   Public Transportation     Other (specify)    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?   Low or limited vision accommodation     Hearing assistance   Wheelchair-accessible seating     Interpreter accommodations   Special emotional needs accommodation (Seating near exit)	School Information				
Address  City State Zip	School Name				
City State Zip	School Type: Preschool E	lementary	☐ Jr. High	n	High
City State Zip			_		
Principal County  Principal Signature County  Means of Transportation: School Bus Van/Small Bus Total Number Individual Vehicles Walking Public Transportation Other (specify)  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? Low or limited vision accommodation Hearing assistance Wheelchair-accessible seating Interpreter accommodations Special emotional needs accommodation (Seating near exit)					
Principal County  Principal Signature Means of Transportation:					
Principal Signature  Means of Transportation: School Bus Van/Small Bus Total Number    Individual Vehicles   Walking   Public Transportation   Other (specify)    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   Low or limited vision accommodation     Hearing assistance   Wheelchair-accessible seating     Interpreter accommodations   Special emotional needs accommodation (Seating near exit)			, ,		
Means of Transportation: School Bus Van/Small Bus Total Number   Individual Vehicles Walking Public Transportation   Other (specify)	·		-		
Individual Vehicles  Walking Public Transportation Other (specify)  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 Low or limited vision accommodation Hearing assistance Wheelchair-accessible seating Interpreter accommodations Special emotional needs accommodation (Seating near exit)	Principal Signature				
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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 Low or limited vision accommodation Hearing assistance Wheelchair-accessible seating Interpreter accommodations Special emotional needs accommodation (Seating near exit)	Means of Transportation: School	Bus Van/Small Bu	⁵ Total Nu	ımber	
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