



Children's Theatre Company Student Matinee Mail/Fax Order Form

Please do not request multiple titles on one form. One Mail/Fax order form is required for each show title requested. Required fields are marked with an asterisk (*).

*Teacher's Name:
*School Name:
*School Type:
*Grade Level:
*Subject(s) Taught:
*School Address:
*City:
*State:
*Zip:
*Phone:
Fax:
*Contact Email:
*Billing Email (if different from above):
*Show Title (please list only one per sheet):
*1 st Choice Date/ Time of performance:
*2 nd Choice Date/ Time of performance:
* Number of Students tickets needed:
* Number of Adults tickets needed:
*How did you hear about the show?
Special Needs Request (<i>ASL/AD, wheelchair</i>):

Target Lobby for Lunch (circle one):	Yes	No
Waiting List if sold out (circle one):	Yes	No
Sign-up for CTC Educator e-newsletter	Yes	No

Mail Completed Form To:

Children's Theatre Company
Attention: School Group Sales
2400 3rd Ave South
Minneapolis, MN 55404

Or

Fax Completed Form To: 612.874.8119

Questions, call 612.872.5166 or email schoolgroupsales@childrenstheatre.org