

Touring Show Booking Form - 2010/11 Season



*Discover the fine
art of science!*

School's Name:

Mailing Address (w/ Postal Code):

Physical Address (if different):

City:

Contact's Name:

Contact's Position/Title:

School's Phone #:

School's Fax # :

Contact's Email:

Preferred Method of Communication: **Phone** **Email**

of Students K-6 in School:

Evergreen Use Only
Agreement Faxed <i>Date & Initial:</i> _____
Agreement Signed/Rec'd <i>Date & Initial:</i> _____

I am interested in booking the following touring show: (Check all that apply.)

- Flushed* (October - November 2010)
- Lost* (January - March 2011)
- Going to Xtremes* (April - May 2011)

How did you hear about us? Webpage visited before mail out other
--

Do you have a preference for time of day? AM/PM
Do you have a preference for day of week? M/T/W/TH/F

Evergreen Theatre strives to meet your scheduling needs, and will make every attempt to accommodate them. In signing, you are acknowledging that bookings are subject to availability, that filling out this sheet does not guarantee your school a booking, and that all the above information is current and true to the best of your knowledge.

Contact's Signature: _____

Date: _____

Please fax this back to Evergreen Theatre at: 403-229-1385