

Order Form 2018-19

INSTRUCTIONS: Please complete this form and mail to:

School-Time Coordinator, Clemens Center, P.O. Box 1046, Elmira, NY 14902-1046

or **FAX:** (607) 737-1162

QUESTIONS? Contact Janice Slocum at (607) 733-5639 ext. 248 or at janices@clemenscenter.org

TICKETS: \$5.00 per person (one complimentary teacher admission is given per each class of 20 students)

Special needs (specify)	Grade levels attending	Performance	Date	Time	# of students	# of paid adults	# comps. (1 per each class of 20)	Total # attending
		<i>The Crucible</i>	Tues., Oct. 16, 2018	10:00 AM				
		<i>Dragons Love Tacos</i>	Thur., Oct. 25, 2018	10:00 AM				
		<i>Dragons Love Tacos</i>	Thur., Oct. 25, 2018	12:30 PM				
		<i>The Phantom Tollbooth</i>	Thur., Nov 15, 2018	10:00 AM				
		<i>The Phantom Tollbooth</i>	Thur., Nov 15, 2018	12:30 PM				
		<i>Pete the Cat</i>	Mon., Feb. 11, 2019	10:00 AM				
		<i>Pete the Cat</i>	Mon., Feb. 11, 2019	12:30 PM				
		<i>Freedom Bound</i>	Fri., Mar. 1, 2019	10:00 AM				
		<i>Freedom Bound</i>	Fri., Mar. 1, 2019	12:30 PM				
		<i>Junie B. Jones</i>	Fri., Mar. 8, 2019	10:00 AM				
		<i>Junie B. Jones</i>	Fri., Mar. 8, 2019	12:30 PM				
		<i>Madeline</i>	Thur., April 4, 2019	10:00 AM				
		<i>Madeline</i>	Thur., April 4, 2019	12:30 PM				
		<i>Pete the Cat</i>	Mon., May 20, 2019	10:00 AM				
		<i>Pete the Cat</i>	Mon., May 20, 2019	12:30 PM				

◆ **Please note any label corrections below, or complete the following information:**

Contact Person: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

◆ **Please complete this section for all orders:**

Contact Person's Phone # : _____ E-mail address: _____

of classes attending: _____ Grade levels: _____ Should this be billed to BOCES? ____ Yes ____ No

Bill to (if different from school above): _____

Special Needs: Special accommodations for wheelchair seating, hearing or visually impaired students and accommodations for sign language interpreters are available upon prior request. Please indicate in the box to the left of the performance if you require special accommodations for:

of wheelchairs (WH); walker (WA); hearing impairment (HI); visual impairment (VI); or other (please specify):