

Order Form 2023-24

INSTRUCTIONS: Please complete this form and mail, email or fax to:
 School-Time Coordinator, Clemens Center, PO Box 1046, Elmira, NY 14902-1046

Email: janices@clemenscenter.org or **FAX:** (607) 737-1162

QUESTIONS? Contact Janice Slocum at (607) 735-2777 or at janices@clemenscenter.org

TICKETS: \$7.00 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 \$7	# of paid adults \$7	# comps. (1 per each class of 20) n/c	Total # attending
		<i>Legend of Sleepy Hollow</i>	Mon., Oct. 30, 2023	10:00 AM				
		<i>Legend of Sleepy Hollow</i>	Mon., Oct. 30, 2023	12:30 PM				
		<i>Velveteen Rabbit</i>	Tue., Nov. 7, 2023	10:00 AM				
		<i>Velveteen Rabbit</i>	Tue., Nov. 7, 2023	12:30 PM				
		<i>Dot Dot Dot</i>	Wed., Jan. 31, 2024	10:00 AM				
		<i>Dot Dot Dot</i>	Wed., Jan 31, 2024	12:30 PM				
		<i>Doktor Kaboom</i>	Mon., March 11, 2024	10:00 AM				
		<i>Doktor Kaboom</i>	Mon., March 11, 2024	12:30 PM				
		<i>Fahrenheit 451</i>	Thur., March 14, 2024	10:00 AM				
		<i>Rainbow Fish</i>	Fri., April 12, 2024	10:00 AM				
		<i>Rainbow Fish</i>	Fri., April 12, 2024	12:30 PM				
		<i>Pete the Cat</i>	Mon., May 13, 2024	10:00 AM				
		<i>Pete the Cat</i>	Mon., May 13, 2024	12:30 PM				

SPECIAL ATTRACTION FOR GRADES 9+

Spec. Needs	Grade Level	Performance	Date	Time	# of Students	# of Adults	Total #
		<i>The Express (movie)</i> Free event	Wed., Dec. 6, 2023	9:30 AM*			

*time subject to change

◆ **Please complete the following information for all orders:**

Contact Person: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

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): _____

***Please indicate all special needs when placing your order.**