

Order Form 2025-26

INSTRUCTIONS: Please complete this form, *for all orders*, 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>Maddi's Fridge</i>	Fri., Nov. 7, 2025	10:00 AM				
		<i>Maddi's Fridge</i>	Fri., Nov. 7, 2025	12:30 PM				
		<i>Billy Goats Gruff</i>	Wed., Jan. 21, 2026	10:00 AM				
		<i>Billy Goats Gruff</i>	Wed., Jan 21, 2026	12:30 PM				
		<i>Wind in the Willows</i>	Fri., March 6, 2026	10:00 AM				
		<i>Wind in the Willows</i>	Fri., March 6, 2026	12:30 PM				
		<i>Click, Clack, Moo</i>	Fri., March 27, 2026	10:00 AM				
		<i>Click, Clack, Moo</i>	Fri., March 27, 2026	12:30 PM				
		<i>The Great Gatsby</i>	Wed., May 6, 2026	10:00 AM				
		~~<i>Ban This Book</i>~~	~~Fri., May 8, 2026~~	~~10:00 AM~~				
		~~<i>Ban This Book</i>~~	~~Fri., May 8, 2026~~	~~12:30 PM~~				
		<i>Don't Let the Pigeon...</i>	Fri., May 15, 2026	10:00 AM				
		<i>Don't Let the Pigeon...</i>	Fri., May 15, 2026	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); Interpreter requested or other (please specify):

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