

EDUCATIONAL STUDY TRIPS

School Group Booking Form

LEWIS FAMILY PLAYHOUSE 2024-2025 SEASON

	Teacher/Contact:	Date:
	School:	Grade Level:
PLAYHOUSE	Address:	Zip:
AT VICTORIA GARDENS CULTURAL CENTER	School Phone:	Teacher's Phone:
EDUCATIONAL	Teacher's Email:	
STUDY TRIPS	O SPECIAL EDUCATION CLA	ents or attending teachers requires reasonable accommodation.
WOULD LIKE TO RESERVE SEATS	TO BRING MY CLASS TO:	Total Number of Free Teacher Tickets
Show Title		(Only valid for specified shows. Limit one per class - with a minimum 20 students per class.)
		# of Paid Adults x \$12.50 each =
Date/Time Preference 1ST CHOICE	2ND CHOICE	# of Students x \$12.50 each =
# of Students# of Adults		Group of 14 or less x \$17.00 each =
		TOTAL AMOUNT DUE \$
CHECK ONE: IF THE ABOVE SHOW I WOULD ALSO LIKE T	S UNAVAILABLE MY SECOND CHOICE IS O RESERVE SEATS FOR:	No Free Teacher Tickets Available
Show Title		# of Paid Admissions x \$25.00 each =
		TOTAL AMOUNT DUE \$
Date/Time Preference	OND CHOICE	
1ST CHOICE # of Students# of Adults	2ND CHOICE # of Classes	Payment: A 50% deposit is required within 30 days of placing your reservation in order to hold the seats. Orders are filled
	S UNAVAILABLE MY THIRD CHOICE IS: O RESERVE SEATS FOR:	on a first come, first served basis! The final number of seats reserved and the balance due must be paid 3 weeks prior to the performance. Once the final payment is made, all numbers are

performance. Once the final payment is made, all numbers are considered final and no changes will be permitted. There are no refunds given for reserved/paid seats that are unoccupied on performance day.

Show Title Date/Time Preference 2ND CHOICE 1ST CHOICE

of Students_____ # of Adults _____ # of Classes____

BOX OFFICE: 909.477.2752

