

ALFA SCHOOLFEST RESERVATION FORM

For Office Use Only
Date Received: _____
Order Number: _____
Date Paid: _____

Instructions:

1. Please print clearly and fill in ALL blanks. If reserving for multiple performances, use a separate form for each reservation. Teachers, please include your cell phone (should we need to contact you the morning of the performance) and email address.
2. Closely estimate the number of seats you will need. You can make adjustments to your order later.
3. IMMEDIATELY FAX or mail the completed form to the number/address at the bottom of this page. Performances fill quickly so do not wait! Please pick a first, second and third choice date as we may not be able to honor your first choice!
4. We will reserve the number of seats you request and mail a confirmation showing your payment due date.

SCHOOL / CONTACT INFORMATION:

Name of School: _____

School Mailing Address: _____

School City: _____ State: _____ ZIP CODE: _____

School Phone: _____ School FAX: _____

Teacher/Contact's Name: _____ Title/Position: _____

Cell Phone number: _____ Home Phone number: _____

Email address: _____

PERFORMANCE INFORMATION:

Play Title: _____ What grade(s) will be attending: _____

First Choice Date: _____ Second Choice Date: _____ Third Choice Date: _____

Special Needs: _____

TICKETS:

of Alabama Students: _____ x \$15.00 = \$ _____

of Out-of-State _____ x \$16.00 = \$ _____

of Paid Chaperones: _____ x \$17.00 = \$ _____

of FREE Chaperones: _____ x \$ 0.00 = \$ 0.00

TOTAL NUMBER SEATS: _____ TOTAL DUE: \$ _____

I understand that if an audience member throws anything or creates an undesirable environment, the performance will be stopped and no refunds offered.

Signature: _____ Date: _____

Notes:

FAX: 334.271.5348. Call: 334.271.5377 or email SchoolFest Sales Manager Andy Collins at acollins@asf.net to verify receipt of your fax.

MAIL: ASF Education Department: One Festival Drive, Montgomery, AL 36117