2014-2015 Student Matinee Registration Form

Please read the following carefully and sign. Upon receipt of this completed form, the Department of Education and Outreach will respond with a detailed confirmation via email. If you have not received confirmation within 3 business days, please call Anne at 303.339.1632.

Mail: Colorado Ballet · Attn: Anne O'Connor · 1278 Lincoln St. · Denver, CO 80203
Fax: 303.861.7174 Email: anne.oconnor@coloradoballet.org

Final Numbers/Cancellation Policy

Once you have reserved your seats, you are responsible for payment. If your group's numbers change, please let Anne know as soon as possible. If your group cannot attend, please contact Anne immediately. Final numbers and/or cancellations are due three weeks prior to the performance date. After this date, you are responsible for payment on the original number of seats reserved.

Payment

Payment is due two weeks prior to the performance date. Please make checks payable to Colorado Ballet and mail to the attention of Anne O'Connor at the address above. Sorry, credit cards are no longer accepted. No refunds.

Contact Name:

School or Group Name:
(Please be sure everyone in your group knows the group name)

Contact Phone:

Contact Email:

District and County:

Performance(s):

____ **A Midsummer Night's Dream** on Thursday, September 25 at 10:30 AM

____ **Dracula** (5th grade and up) on Thursday, October 30 at 10:30 AM

____ **Ballet Masterworks** on Thursday, February 19 at 11:00 AM

____ **Peter and the Wolf** (at the Newman Center) on Thursday, March 26 at 11:00 AM

Number of Students ($10):

Number of free chaperones (1 per 10 students after 10 are registered):

Number of additional chaperones ($10):

Total Number attending:

Number of buses (if applicable):

Special seating requirements, if any:

I have read the above and understand that I am responsible for payment on the seats I have reserved unless I change or cancel this reservation before the date specified above (three weeks prior to performance date).

Contact Signature X_____ **Date** _____

Principal Signature (if applicable) X _____**Date**_____