

SEUSSICAL THE MUSICAL
RESERVATION FORM

Please complete and return by fax to MTSU Theatre & Dance at (615) 494-7694.

Please use one form for each performance date. Please note if a single person is making multiple reservations.

School name _____

Teacher Name _____ Grade(s) _____

School Phone _____ ext _____ Email _____

Other Phone _____ Fax _____

Reservation Information:

of students _____ x \$4/student = \$ _____

of chaperones _____ = \$ _____ (if any)
(1:10 ratio of adult: student is FREE, over 1:10 is \$4 ea.)

Total # in reservation _____ (incl. students & chaperones) Amount Due \$ _____

Select Your Performance Date of Choice (circle)

Friday, October 24, 2008 at 9:30 a.m.

Thursday, October 30, 2008 at 9:30 a.m.

Friday, October 31, 2008 at 9:30 a.m.

Note: Your faxed reservation request will be processed as soon as possible on a first-come, first-served basis. Upon scheduling of your reservation, you will receive a return confirmation fax (please allow 2 business days). If there are problems filling your request, you will receive a phone call to discuss alternative scheduling options. Should you have questions or concerns, please call Jeff Gibson at (615) 898 – 5916.
