



# 2017-18 SchoolTime Performance Series Order Form

## Section I. SCHOOL INFORMATION

Please fill out the form completely. Should you have any questions, please call the Arts Education department at 973.297.5828.

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Street Address

City

State

Zip

School Phone Number

School Fax Number

School Website

County: \_\_\_\_\_ School District: \_\_\_\_\_

### Principal

Name: \_\_\_\_\_

Salutation

First

Last

Principal's Phone Number

Principal's Email Address

### School Secretary

Name: \_\_\_\_\_

Salutation

First

Last

School Secretary's Phone Number

School Secretary's Email Address

### Group Coordinator *The Group Coordinator is the individual responsible for coordinating the trip.*

Name: \_\_\_\_\_

Title

First

Last

Coordinator's Phone Number

Coordinator's Email Address

## Section II. PERFORMANCE INFORMATION

Please enter the performance information below. An invoice will be generated and sent to the group coordinator upon confirmation of availability of seats. Seats are purchased on a first come, first serve basis.

PERFORMANCE TITLE	DATE & TIME	GRADE LEVEL	#STUDENT SEATS	#CHAPER-ONE SEATS	TOTAL SEATS
<i>Alvin Ailey American Dance Theater</i>					
<i>Darius &amp; Twig</i>					
<i>Do You Speak Djembe</i>					
<i>Freedom Riders</i>					
<i>Havana Hop!</i>					
<i>Hidden Figures</i>					
<i>Moon Mouse: A Space Odyssey</i>					
<i>Nai-Ni Chen Dance Company: Year of the Dog</i>					
<i>Petra and the Wolf</i>					
<i>Regina Carter: Simply Ella</i>					
<i>Ronald K. Brown/Evidence/A Dance Company</i>					
<i>The Hip Hop Nutcracker</i>					
<i>The Ugly Duckling</i>					

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## Section III. PAYMENT INFORMATION

Schools may order seats to more than one performance. A purchase order or check is required no later than 2 weeks prior to scheduled performance date.

How will you be paying for this order?

Purchase Order – Purchase Order is issued by \_\_\_\_\_

Check – Check is issued by \_\_\_\_\_

Name of Fiscal Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Bus Coordinator

Name: \_\_\_\_\_

Salutation

First

Last

Bus Coordinator's Phone Number

Bus Coordinator's Email Address

## Section IV. TEACHER INFORMATION

Please list all of the teachers attending the performances and their email addresses. If the names of the teachers are unknown at the time the order is placed, please list the grade level/ subject area attending the performance.

PERFORMANCE	TEACHER NAME	TEACHER EMAIL ADDRESS	GRADE LEVEL OR SUBJECT AREA (ie. 3rd grade or Music)

## Section V. ORDER COMPLETION

I certify that the information entered in this order form is true and complete.

I understand that by signing below, my school and/or district is liable for the seats purchased should the seats be available. I also understand that an order is not complete until I receive a confirmation of receipt from NJPAC and an invoice.

Signature of School Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

NJPAC USE ONLY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_

INVOICE #: \_\_\_\_\_

PO #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**Please mail, fax or email the completed form to:**

SchoolTime Performance Series

New Jersey Performing Arts Center · 1 Center Street, Newark, NJ 07102

**Fax:** 973.642.7799 **Email:** schooltime@njpac.org **Questions:** 973.297.5828

