



2017-18 Assembly 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

Assembly Coordinator *The Assembly Coordinator is the individual responsible for coordinating the assembly.*

Name: _____
Salutation First Last

_____ Coordinator's Phone Number Coordinator's Email Address

Section II. ASSEMBLY INFORMATION

ASSEMBLY NAME	GRADE LEVEL	TOTAL # OF STUDENTS	TOP THREE AVAILABLE DATES/TIMES

- Our school is flexible with the day and time.
- Our school can only have the assembly on one of the dates listed above.

2017-18 Assembly Series Order Form

Section III. PAYMENT INFORMATION

A purchase order or check is required no later than 2 weeks prior to scheduled assembly 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: _____

Section IV. SITE INFORMATION

Please answer all questions.

Facility available for assembly:

Auditorium - Total Seating Capacity: _____

Multipurpose Room - Total Seating Capacity: _____

Gym - Total Seating Capacity: _____

Cafeteria - Total Seating Capacity: _____

Other: Please describe: _____

Type of Flooring per facility: Wood-Sprung Linoleum Tile Concrete

Does your facility have stage lights? Yes No

Piano available? Yes No

Microphone available? Yes No

Sound System available? Yes No

Technical Contact at School

Name _____

Phone _____

Email _____

Section V. ORDER COMPLETION

I certify that the information in this order form is true and complete. Once a completed order form is received, an NJPAC coordinator will contact you to discuss logistics, dates, performance and travel fees.

I 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:

NJPAC Assembly Series

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

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

