



## Tchaikovsky's Sleeping Beauty Registration Form

### Contact Information

Teacher Name \_\_\_\_\_ Subject/Grade Level Taught \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### School Information

Full Name of School \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone (with Ext.) \_\_\_\_\_ Name of Principal \_\_\_\_\_

Does your school receive Title I funds? \* \_\_\_\_\_

\*Title I and other schools may be eligible for discounted tickets. Please contact Eric Thomas at 706-256-3648 for more details.

\*Does your school plan to pack a lunch to be eaten at the RiverCenter?  Yes  No

### Please Select Performance:

**School Matinee Performance #1: Friday, March 16 at 9:30am**

Number of Students Attending: \_\_\_\_\_ X \$10.00 = Total \$ \_\_\_\_\_

Number of Free Chaperones: \_\_\_\_\_

**School Matinee Performance #2: Friday, March 16 at 11:30am**

Number of Students Attending: \_\_\_\_\_ X \$10.00 = Total \$ \_\_\_\_\_

Number of Free Chaperones: \_\_\_\_\_

**Public Family Performance: Friday, March 16 at 7:30pm**

\*Tickets for this performance are available at the RiverCenter box office.

*(Interactive Lobby Activities begin at 6:30pm)*

**Balance Due \$ \_\_\_\_\_**

Check made payable to Columbus Symphony Orchestra

### Credit Card Information:

Credit Card No. \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

If you have any students with special needs, please email Eric Thomas at ethomas@csoga.org

Please return form to: ethomas@csoga.org | PO Box 1499, Columbus, GA 31902 | FAX: 706-323-7051