

Student Matinee Ticket Order Form



Name of School: _____ Date: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip Code: _____

Contact Person: _____ Position: _____

Email Address: _____

School Phone: _____ School Fax: _____

**** Please circle preferred performance time and include chaperones in total number of seats. ****

Performances are approximately one hour long.

Performance	Time	Total # Seats	Ticket Price	Total Due	Payment Due	Grade Level(s)
Recommended Grades	Circle One					
<i>Call of the Wild</i> (4-9) Thur, Oct 6, 2022	9:30am 12:30pm	Sold Out	\$6 \$6		09/06/22	
<i>Alcolea & cie-Right in the Eye</i> (6-8) Tue, Oct 11, 2022	9:30am 12:30pm		\$6 \$6		09/11/22	
<i>Paddington Gets in a Jam</i> (K-3) Fri, Nov 4, 2022	9:30am 12:30pm	Sold Out	\$6 \$6		10/04/22	
<i>A Christmas Carol</i> (4+) Wed, Dec 21, 2022	12:30pm		\$6		11/21/22	
<i>Soul Street Dance</i> (1-12) Fri, Jan 20, 2023	9:30am 12:30pm	Limited Seats Remaining	\$6		12/20/22	
<i>In the YOB & Jackie Robinson</i> (2-5) Mon, Jan 30, 2023	9:30am 12:30pm		\$6		12/30/22	
<i>Parsons Dance</i> (6-12) Wed, Feb 22, 2023	12:30pm		\$6		01/22/23	
<i>The Three Musketeers</i> (9-12) Tue, Feb 28, 2023	Limited Seats Remaining 9:00am		\$6		01/28/23	
<i>The Boy Who Grew Flowers</i> (PreK-4) Tue, March 7, 2023	9:30am 12:30pm	Sold Out	\$6 \$6		02/07/23	
<i>Dan + Claudia Zanes</i> (K-2) Mon, May 1, 2023	9:30am 12:30pm		\$6 \$6		04/01/23	

Transportation

BUS How many buses? _____

VAN How many vans? _____

CAR _____

WALKING _____

Special Needs

Please indicate how many

Wheelchair _____

Visually impaired _____

Hearing impaired _____

Needs ABT listening device _____

Need Invoice? Check here _____

If invoice is to be emailed to an address other than the one at the top of this form, please indicate where to send it:

ABT Office Use Only

Spreadsheet Entry _____

Spectrix Entry _____

Invoice _____

Payment _____

Confirmation _____

Please fax this form to (406) 256-5060 or email to jblakeslee@albertabairtheater.org

Check or money order (Payable to Alberta Bair Theater): Check # _____ Purchase order # _____

Credit Card: Visa AmEx MC Discover Card Number _____ CVV# _____

* Please note: Credit Card orders will be charged a 4% processing fee. Security Code _____

Expiration date: ____/____/____ Cardholder Name: _____ Signature: _____

Please see other side for important ticketing, bus and refund information.
Keep a copy of this completed form for your records.