

Student Matinee Ticket Order Form



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

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

Contact Person: _____ Position: _____

Email Address: _____ School Phone: _____

**** Please circle preferred performance time and include chaperones in total number of seats. ****
 Performances are approximately one hour long.

Performance & Recommended Grades	Time Check One	Total # Seats	Ticket Price	Total Due	Payment Due	Grades Atten- ding	Transportation
Black Violin Fri, Oct 4, 2024 (Gr 6-12)	12:30 P.M.		\$7.00		09/20/24		BUS How many buses? _____ VAN How many vans? _____
The Pout Pout Fish Mon, Oct 28, 2024 (Gr PreK-2)	9:30 A.M. 12:30 P.M.		\$7.00		10/14/24		CAR (Try Park One) _____ WALKING _____
Villalobos Brothers Fri, Nov 1, 2024 (Gr 6-12)	9:30 A.M.		\$7.00		10/18/24		Special Needs Please indicate how many
Dot, Dot, Dot Thur Nov 7, 2024 (Gr 1-4)	9:30 A.M. 12:30 P.M.		\$7.00		10/24/24		Wheelchair _____ Visually Impaired _____ Hearing Impaired _____
DTB Bluegrass Band Fri, Feb 7, 2025 (Gr 9-12)	12:30 P.M.		\$7.00		01/24/24		Needs ABT Listening Device _____
Doktor Kaboom! Tue, Feb 25, 2025 (Gr 3-8)	9:30 A.M. 12:30 P.M.		\$7.00		02/11/25		Need Invoice? Check here _____ If invoice is to be emailed to a different address than above, please provide:
Step Afrika! Thur, Mar 20, 2025 (Gr 6-12)	9:30 A.M. 12:30 P.M.		\$7.00		03/06/25		
The Gruffalo's Child Fri, Apr 4, 2025 (Gr PreK-3)	9:30 A.M. 12:30 P.M.		\$7.00		03/21/25		ABT Office Use Only Spreadsheet Entry _____
Journey to Oz Tuesday, Apr 8 2025 (Gr K-5)	9:30 A.M. 12:30 P.M.		\$7.00		03/23/25		Spektrix Entry _____
Uptown Fri, Apr 11, 2025 (Gr 8-12)	12:30 P.M.		\$7.00		03/25/25		Invoice _____ Payment _____
The Stinky Cheese Man Thur Apr 17, 2025 (Gr 1-3)	9:30 A.M. 12:30 P.M.		\$7.00		04/03/25		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 <input type="checkbox"/> AmEx <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Card Number _____ CVV# _____
* Please note: Credit Card orders will be charged a 4% processing fee.
Expiration date: ____/____/____ Cardholder Name: _____ Signature: _____

Please see following page for important ticketing, bus and refund information. A fillable pdf is available at www.albertabairtheater.org/education-programs. Keep a copy of this completed form for your records.