

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 Choose One	Total # Seats	Ticket Price	Total Due	Payment Due	Grade Level(s) Attending	Transportation
Collision of Rhythm Tue, Oct 7, 2025 (Gr 3-12)	9:30 AM 12:30 PM		\$7.00		9/23/25		Buses (How many?) _____
The Little Mermaid Tue, Oct 14, 2025 (Gr PreK-4)	9:30 AM 12:30 PM		\$7.00		9/30/25		Vans (How many?) _____
Wind in the Willows Tue, Nov 18, 2025 (Gr 3-5)	9:30 AM 12:30 PM		\$7.00		11/4/25		Car (Try Park One) _____
Buzz Brass Fri, Feb 6, 2026 (Gr 3-8)	9:30 AM 12:30 PM		\$7.00		1/23/26		Walking _____
The Jungle Book Tue, Feb 24, 2026 (Gr K-4)	9:30 AM 12:30 PM	Sold Out Sold Out	\$7.00		2/10/26		Special Needs Please indicate how many Wheelchair _____
Hare & Tortoise Tue, Mar 10, 2026 (Gr PreK-3)	9:30 AM 12:30 PM	Sold Out	\$7.00		2/24/26		Visually Impaired _____ For Hearing Impaired, ABT listening devices are available at Coat Check
Red Hot Chilli Pipers Tue, Mar 31, 2026 (Gr 6-12) Wed, Apr 1, 2026	12:30 PM 9:30 AM		\$7.00		3/17/26		Need Invoice? If invoice is to be emailed to a different address than above, please provide: _____
MOMIX - ALICE Thur, Apr 2, 2026 (Gr 6-12)	12:30 PM		\$7.00		3/19/26		ABT Office Use Only
Cirque Kalabanté Thur, Apr 9, 2026 (Gr 3-12)	9:30 AM 12:30 PM	Sold Out Sold Out	\$7.00		3/26/26		Spreadsheet Entry _____ Spektrix Entry _____ Invoice _____ Payment _____ Confirmation _____
Shaun Boothe Tue, Apr 14, 2026 (Gr 6-12)	9:30 AM 12:30 PM		\$7.00		3/31/26		

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.

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

Please see following page for important ticketing, bus and refund information. Click [here](#) for fillable pdf.

Keep a copy of this completed form for your records. A typed signature indicates credit card approval.