Student Matinee Ticket Order Form

You may print to manually fill out or complete and submit a fillable pdf here.

Name of School: _____ Date: _____

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

Contact Person: _____ Position: _____

Email Address: _____ Phone: _____

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

Performances are approximately one hour long.

Performance & Recommended Grades	Time Circle One	Total # Seats	Ticket Price	Total Due	Payment Due	Grade Level(s)
Kattam and His Tam-Tams Fri, Oct 30, 2026 (Gr PreK-5)	9:30 AM 12:30 PM		$7.00	$ 0.00	**10/16/26**	
The Three Little Pigs Mon, Nov 16, 2026 (Gr PreK-2)	9:30 AM 12:30 PM		$7.00	$0.00	**11/02/26**	
A Christmas Carol Tue, Dec 15, 2026 (Gr 4-12)	9:30 AM		$7.00	$ 0.00	**12/01/26**	
The Slocan Ramblers Fri, Jan 8, 2027 (Gr 6-12)	9:30 AM		$7.00	$ 0.00	**12/18/26**	
Under the Tangle Mon, Jan 11, 2027 (Gr 4-8)	9:30 AM 12:30 PM		$7.00	$0.00	**12/18/26**	
123 Andrés Tue, Feb 9, 2027 (Gr PreK-2)	9:30 AM 12:30 PM		$7.00	$0.00	**01/26/27**	
Hervé Koubi Tue, Feb 23, 2027 (Gr 4-12)	9:30 AM 12:30 PM		$7.00	$0.00	**02/09/27**	
The Boy Who Cried Wolf Mon, Mar 1, 2027 (Gr PreK-5)	9:30 AM 12:30 PM		$7.00	$0.00	**02/15/27**	
Lightwire: *Tortoise & Hare* Tue, Mar 30, 2027 (Gr K & Up)	9:30 AM 12:30 PM		$7.00	$0.00	**03/16/27**	
Grimmz Fairy Tales Thur, May 6, 2027 (Gr 3-8)	9:30 AM 12:30 PM		$7.00	$0.00	**04/22/27**	
Doktor Kaboom Tue, May 11, 2027 (Gr 3-7)	9:30 AM 12:30 PM		$7.00	$0.00	**04/27/27**	
				$0.00		

Transportation

BUS How many buses? ____

VAN How many vans? ____

CAR (Try Park One) ____

WALKING ____

Special Needs

Please indicate how many

Wheelchair ____

Visually Impaired ____

Hearing Impaired

ABT listening devices are available at Coat Check.

Need Invoice? ☐

If invoice is to be emailed to a different address than above, please provide.

ABT Office Use Only

Spreadsheet Entry ☐

Spectrix Entry ☐

Invoice ☐

Payment ☐

Confirmation ☐

Please fax this form to (406) 256-5060 or email to jamccann@AlbertaBairTheater.Org.

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

Credit Card: Visa ☐ AmEx ☐ MC ☐ Discover ☐ Card Number_____ CVV# _____ Security Code

*** 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.

Submit Form