

FRASER VALLEY ACADEMY OF DANCE

Artistic Director John C. Carney

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NUTCRACKER BOOKING FORM FOR SCHOOL GROUPS

FRIDAY, DECEMBER 4th, 2015, Clarke Theatre, 33700 Prentis Ave, Mission

Provide your school details:

| SCHOOL | |
|------------------|--|
| School Name | |
| School Address | |
| School Principal | |

Provide a main contact person:

| CONTACT | |
|-------------------|--|
| Contact Name | |
| Contact Telephone | |
| Contact Email | |

Please select your performance below and note the arrival and pick-up times.

If your school day ends in time to attend the afternoon performance, kindly select that one to enable students in schools that end earlier to attend the morning performance.

| NUTCRACKER DETAILS | ARRIVE | ACT I | ACT II | PICK-UP |
|---|----------|---------------|---------------|----------|
| <input type="checkbox"/> Friday Morning Performance | 10:00 am | 10:15 - 11:00 | 11:15 - 11:45 | 11:45 am |
| <input type="checkbox"/> Friday Afternoon Performance | 12:30 pm | 12:45 - 1:30 | 1:45 - 2:15 | 2:15 pm |

Indicate the number of tickets and note your payment:

The contact person will receive confirmation of available seating as well as an invoice statement.

| NUTCRACKER TICKETS | SEATS | PRICE | COST |
|--|-------|-----------------------|-----------|
| Number of Student Seats | | x \$8 = | \$ |
| Number of Teachers/Assistants Seats | | x \$8 = | \$ |
| Number of Wheelchair-Accessible Seats | | x \$0 = | \$0.00 |
| Number of Wheelchair Companions (one per wheelchair is available) | | x \$0 = | \$0.00 |
| Total Tickets: | | Total Payment: | \$ |

By signing below, I confirm that I am authorized on behalf of the school named above to reserve seating for the Nutcracker performance selected above. I understand that seats will be guaranteed only once payment has been accepted by Fraser Valley Academy of Dance.

_____/_____
Signature Name/Position of Authorized Person Date



GST # 893599704