



# School Show Agreement

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Performance: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Seats: \_\_\_\_\_

**DEPOSIT:** A deposit of 50% of the total order is required to reserve the seats. This deposit is due within 30 days of receiving the email confirming your order. Return this signed Agreement to the box office in order to hold the seats until the deposit payment is made. \_\_\_\_\_(Initial here)

**PAYMENT CONTACT:** Who from your organization should we contact for questions regarding payment?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**TEACHER TICKETS:** I understand that for some performances the Playhouse offers 1 free teacher ticket per classroom of 20 or more students. If a classroom has less than 20 students, no complimentary ticket is given. Refer to the Booking Form for a list of performances that honor the complimentary teacher ticket. \_\_\_\_\_(Initial here)

**AGE APPROPRIATENESS:** School Performances are meant for teachers, students and chaperones. Siblings are welcome if the school allows, and if they are age appropriate for the performance. No infants or toddlers are allowed in the theatre. Every person needs a ticket. \_\_\_\_\_(Initial here)

**TICKETS:** No tickets will be printed for this event. Your final confirmation is proof of your ticket purchase. Your group will be escorted into your assigned seat location when you arrive at the theatre. For the safety of the students, all seats must be booked through the school. Individual tickets will not be sold to parents. \_\_\_\_\_(Initial here)

**NUMBER AND AMOUNT PAYABLE:** Your ticket count has been written on this contract. Any increase or decrease in your count must be communicated to us in writing 3 weeks prior to the Day of the Event. Your count may **not** be lowered after this time, and you will be obligated to pay the amount equal to the per person charge times the original count minus free teacher tickets. Any change to this original contract must be approved and in writing. (Change of performance date, change in number of tickets required, etc.) \_\_\_\_\_(Initial here)

**TIME OF PAYMENT:** Payment in full is required 3 weeks prior to the day of the event. The deposit will be deducted from the total amount due. After the 3-week deadline there are no refunds unless an event is cancelled. Failure to make payments on time may result in cancellation of the group order. \_\_\_\_\_(Initial here)

**LATE ARRIVAL:** I understand that the show starts promptly and will do my best to arrive early enough to be seated without disturbing others. I also understand that sometimes there may be circumstances beyond control that require myself or others to be late. In this instance, I will be courteous and understanding if the Playhouse has to hold the show to accommodate late arrivals. \_\_\_\_\_(Initial here)

**TRANSPORTATION:** We will be arriving in \_\_\_\_\_ buses/cars (choose one and indicate number amount) \_\_\_\_\_(Initial here)

**UNFORTUNATE EVENTS:** I understand that if weather, street closures, lack of transportation, or any other circumstance that prevents us from attending the performance occurs that I will **not** receive a refund for any payments made for the performance. \_\_\_\_\_(Initial here)

**LUNCH:** Will you be having lunch on-site? Circle one: (yes/no) If yes when will you be eating? Circle one (before/after the show) \_\_\_\_\_(Initial here)

**CANCELLATION:** In order for the deposit to be refunded, notice of cancellation must be received in writing. A percentage of the deposit will be refunded depending on how many weeks prior to the performance the teacher cancels. The percentage schedule is as follows: \_\_\_\_\_(Initial here)

Cancellation made:	Amount refunded:
3 weeks prior to the performance:	None. Group deposit (50% of the total balance) will be <u>forfeited</u> in its entirety.
6 weeks prior to the performance:	Group will receive 50% of their deposit (or 25% of the total payment).
8 weeks prior to the performance:	Group will receive a full refund, minus a \$50.00 processing fee.

Signature

Print Name

Date

By signing, I acknowledge that I have read and agree to the terms and conditions as outlined above.

Please send this initialed & signed form to [boxoffice@cityofrc.us](mailto:boxoffice@cityofrc.us) or text it to us at 909-324-4414 within 10 business days of receipt or this reservation is subject to cancellation.