



# 2009 STUDENT MATINEE RESERVATION FORM

Is your school working through BOCES?  YES  NO If so, please call us at (607) 772-2404, ext. 1 for new form.

School Name: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

Emergency Phone Contact Number (in case of inclement weather): \_\_\_\_\_

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

\_\_\_\_\_ # Students Attending \_\_\_\_\_ # Adults Attending \_\_\_\_\_ #Chaperones (1 free for every 10 students.)

If you have students with disabilities, please call us at 772-2404, ext. 1 to let us know at least one week prior to the show, so that we may accommodate them appropriately.

PERFORMANCE DATES: (Please rank in order of preference)

\_\_\_\_\_ Monday February 1, 2010

\_\_\_\_\_ Monday February 8, 2010

\_\_\_\_\_ Tuesday February 2, 2010

\_\_\_\_\_ Tuesday February 9, 2010

\_\_\_\_\_ Wednesday February 3, 2010

\_\_\_\_\_ Wednesday February 10, 2010

\_\_\_\_\_ Thursday February 4, 2010

\_\_\_\_\_ Thursday February 11, 2010

\* Friday, February 5 and Friday, February 12 are reserved for snow dates.

Cost: \$10 per person. You receive one free chaperone ticket for each 10 students. You will receive a Study Guide approximately one month prior to the performance.

Total Fee = \_\_\_\_\_ persons x \$10 = \$ \_\_\_\_\_ total amount due. Please include a 50% deposit with order. Balance is due before the event.

**A NON-REFUNDABLE DEPOSIT IN THE AMOUNT OF HALF THE TOTAL COST OF TICKETS IS REQUIRED BY OCTOBER 31, 2009 IN ORDER TO GUARANTEE YOUR RESERVATION. BALANCE IS DUE BEFORE EVENT.**

Please note that the Schorr Family Firehouse Stage is an intimate space accommodating no more than 130 persons. It is located at 46-48 Willow Street (corner of Corliss & Willow). Bus parking instructions will accompany your tickets.

The day of show phone number is (607) 798-0627.

Please make all checks or money orders payable to Goodwill Theatre Inc. Our federal ID# is 16-1612384. We also accept all major credit cards. To pay via credit card, please complete the following:

Name on Card (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card: \_\_\_\_\_ Amex \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Code \_\_\_\_\_ (if needed)

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please return form and payment to:

Goodwill Theatre Inc.  
67 Broad Street, Suite 210  
Johnson City, NY 13790



If you have questions, please call us at (607) 772-2404, ext. 1 or email us at [adepew@goodwilltheatre.net](mailto:adepew@goodwilltheatre.net). Our fax number is (607) 729-0785.