



**WEEKDAY MATINEE REQUEST FORM ~ SCHOOLS
2022.2023 SEASON**

Please complete this form and email to education@sudburytheatre.com
*Any questions? Contact Education Director Ralph McIntosh at 705 674 8381 x6

NAME OF SCHOOL: _____ School phone #: _____

Contact Person: _____ Secretary's Name: _____

E-mail: _____ E-mail: _____

Cell Phone: _____ School Fax: _____

22 23 MAINSTAGE PRODUCTIONS	DATES	START	END (approx.)	CONTENT	PRICING	
Into the Woods	(finished)			Grade 9+	\$15/seat (HST included)	
Elf the Musical	(finished)					
Joseph and the Amazing Technicolor Dreamcoat: In Concert	Thursday Feb 16 at Glad Tidings Church	10:30am	1pm	Grade 4+	\$15/seat (HST included)	
STUDENTS ON STAGE	The Magic Pebble	Tuesday May 23	9:45am	11am	Grades 4-8	\$10/seat (HST included)
		Tuesday May 23	12:15pm	1:30pm		
		Wednesday May 24	9:45am	11am		
		Wednesday May 24	12:15pm	1:30pm		
		Thursday May 25	9:45am	11am		
		Thursday May 25	12:15pm	1:30pm		

REQUESTED PRODUCTION _____

Preferred Date and Time _____

2nd Choice Date and Time
(if applicable) _____

We will confirm the date and time of your production within one week of receiving this form.

Number of Students* _____ Grades _____ # of Students x cost per seat = _____

Number of Adult Supervisors _____ *Teachers and chaperones are admitted at no cost.

TOTAL COST

Payment is due one week before your matinee.

Total # of seats requested _____ (students + adults)

***PLEASE NOTE:** a) School groups of fewer than 10 students are required to pay \$15 per seat for students *and* teachers.

b) PLEASE NOTE: Schools are required to pay for the number of seats they reserve, even if fewer students attend.

Changes to seating reservations must be received no later than **ONE WEEK** in advance,
to allow us time to contact schools that may be on our waiting list.

Contact Ralph McIntosh at (705) 674 8381 x6 with any questions about pricing or payment plans.

SPECIAL SEATING NEEDS

*IMPORTANT: Please identify any special seating requests, including wheelchairs.

FOR OFFICE USE ONLY

Method of Payment: CASH / CHEQUE / VISA / MASTERCARD / AMERICAN EXPRESS / OTHER _____

Name on Cheque: _____

Credit Card No.:

3-digit Card ID:

Expire:

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