

Student Performance Series Registration Form

Contact name: _____ School name: _____

Email address: _____ Phone: _____ Grade level(s): _____

Please check one. We are a:

- public school
- individual home school or home school organization
- private school

Address: _____ City, State: _____ Zip: _____

Mailing address for invoice if different from above: _____

PERFORMANCES

I've got the Willis!: Giselle

Thursday, 3/1/12, 11:45-12:45 pm at Keller: Total # of seats _____ (includes approx. # _____ adults)

Hear! See! Imagine! Dance!

Weds, 4/25/12, 11 am – 12 pm at Newmark: Total # of seats _____ (includes approx. # _____ adults)

Thurs., 4/26/12, 11 am – 12 pm at Newmark: Total # of seats _____ (includes approx. # _____ adults)

Friday, 4/27/12, 11 am – 12 pm at Newmark: Total # of seats _____ (includes approx. # _____ adults)

Change and Cancellation Policy

Any changes to your reservation must be made via email to outreach@obt.org no later than one week prior to the performance. Your change or cancellation is confirmed when you receive a response.

Public or private transportation If school buses are used- how many? _____

Special seating needs (wheel chair, etc.)? _____

Additional Comments: _____

Please fax to: **503-227-4186**
Or scan and email to: **outreach@obt.org**
Or post to: **Oregon Ballet Theatre**
Kasandra Gruener
818 SE 6th Ave, Portland OR, 97214

Office Use Only	
List <input type="checkbox"/>	Email <input type="checkbox"/> Archtics <input type="checkbox"/>
Invoice <input type="checkbox"/> _____	Paid <input type="checkbox"/> _____
Invoice <input type="checkbox"/> _____	Paid <input type="checkbox"/> _____