



SCHOOL SHOW RESERVATION & ORDER FORM

**Christian Youth Theater Wichita Presents...**



Please complete the following reservation and mail with payment by October 15, 2015. Reservations are first paid, first served basis. Many shows sell out early, so make your reservations today!

**Contact Information** (Please print clearly! Order Confirmation will be sent by email)

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Teacher(s) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Reservation Information**

**School Performance Day: Friday, November 6, 2015 @ 10:00 am**

Number of Tickets (fewer than 15) ----- Qty: \_\_\_\_\_ x \$9.00 = Total \$ \_\_\_\_\_  
Number of Tickets (15 or more) ----- Qty: \_\_\_\_\_ x \$6.00 = Total \$ \_\_\_\_\_  
Number of Complimentary Adult Tickets (1 comp ticket per 15 students) ----- Qty: \_\_\_\_\_ x No charge

Total Amount Enclosed \$ \_\_\_\_\_

**Additional Information**

Special Needs/Handicap Seating Requests:

\_\_\_\_\_  
Means of Travel (circle one): Personal Vehicles or Bus

Please make a copy of this completed form for your records. Complete cancellations are subject to a 50% cancellation fee up until one week prior to performance date. No refunds 7 days prior to performance date. No tickets are issued. Seating assignments are made at CYT's discretion.

Mail completed SCHOOL SHOW RESERVATION FORM and payment to:  
CYT Wichita, P.O. Box 26, Wichita, Kansas 67201

[www.CYTWichita.org](http://www.CYTWichita.org)

[office@cytwichita.org](mailto:office@cytwichita.org)

**316-682-1688**