

Name of Organization\_

Email: <u>CTWS@theatrewesternsprings.com</u>

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www.theatrewesternsprings.com/ctws

## **CTWS FIELD TRIP CONTRACT 2019/2020**

Representative's Name		_Phone			
Address		7.			
City					
Email address Grades of Students Attending					
Grades of Students Attending_					
Performance Desired (check o	one)				
□ Frankenstein			9:30 am	Thursday, Novemb	
□ Matilda			9:30 am	Thursday, December	
□ Matilda			11:45 am	Thursday, December	
□ Almost Maine			9:30 am	Thursday, April 2, 2	
□ The Little Mermaid			9:30 am	Thursday, April 16,	
□ The Little Mermaid			11:45 am	Thursday, April 16,	2020
GROUP PRICING:		Price			
Groups of 15 – 75		\$7 per ticket			
Groups of 75+ or more		\$6 per ticket			
(2 free comps per paid 25	tickets)				
Total Paid Participants Free Comp tickets Total Tickets	_ x \$	= \$			
	Deposit (10% Minimum	n) = $$$			
BALA	Deposit (10% Minimum NCE DUE (30 days prio	(r) = \$			
10% c	of total amount is due wi Total amount of contr REVIEW PROPER THI	th signed contraract is due 30 day	ct to confirm re ys prior to ever	our GROUP	
Plan to arrive at the theatre 15-30 r performance time. Run time of the your participants at all times. We a	production is approx 1 hou	ar and 15 minutes	. Your organizat		
	ACCEPTEI	D AND AGREE	D TO:		
G' CGL'II A TI		<u>~:</u>	C.D.		
Signature of Children's Theatre Director  Date		•	Signature of Representative Date		