

Order Form

2012–2013 SchoolTime & Cal Performances in the Classroom

Please review page 7 before completing this form. All school and contact information must be fully completed and the order must be paid in full before it can be processed. This form can be downloaded from www.calperformances.org. Orders for the 2012–13 SchoolTime season will be processed and confirmations mailed after September 1, 2012.

Please print legibly or type. All correspondence and materials will be sent to the mailing address provided.

SCHOOL NAME		SCHOOL COORDINATOR (DESIGNATE ONE PERSON FOR MULTIPLE ORDERS)	
SCHOOL ADDRESS	CITY	STATE	ZIP
DAYTIME PHONE		CELL / ALTERNATE PHONE	

E-MAIL (REQUIRED)

Please list all teachers attending the performance and note their grade level and curricular emphasis, if any:

GRADE LEVEL • K-3 • 4-5 • 6 • 7-8 • 9-12	TITLE I SCHOOL <input type="checkbox"/> Yes <input type="checkbox"/> No	CURRICULAR EMPHASIS • Social Studies • English/LA • Music • Art • Math/Science • Dance • Theater • ESL • Other:
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NAME	GRADE & CURRICULAR EMPHASIS	E-MAIL ADDRESS
_____	_____	_____
NAME	GRADE & CURRICULAR EMPHASIS	E-MAIL ADDRESS
_____	_____	_____
NAME	GRADE & CURRICULAR EMPHASIS	E-MAIL ADDRESS
_____	_____	_____
NAME	GRADE & CURRICULAR EMPHASIS	E-MAIL ADDRESS
_____	_____	_____
NAME	GRADE & CURRICULAR EMPHASIS	E-MAIL ADDRESS
_____	_____	_____
NAME	GRADE & CURRICULAR EMPHASIS	E-MAIL ADDRESS
_____	_____	_____

SchoolTime Performances

• Reservation confirmations will be mailed after September 1, 2012. There are no telephone confirmations.

Request for students with special needs:

No. of wheelchairs: _____ No. of hearing impaired: _____ Other (please describe): _____

• A study guide will be emailed to you approximately three weeks prior to your performance date.

We prefer to receive the Study Guide by mail. Please mail us a paper form of the study guide.

• Please retain a copy of this order form for your records.

Cal Performances in the Classroom

Please include personal telephone and e-mail contact information for each teacher participating in workshop(s).

NAME	TELEPHONE	E-MAIL ADDRESS
_____	_____	_____
NAME	TELEPHONE	E-MAIL ADDRESS
_____	_____	_____
NAME	TELEPHONE	E-MAIL ADDRESS
_____	_____	_____

Professional development workshops for teachers / \$35 per person

Classroom visits (depending on availability) / \$65 per class. Teacher must participate in related workshop to be eligible.

• Priority seating is given to Cal Performances in the Classroom participants for corresponding SchoolTime performances.

NOTE: You will forfeit your priority seating if you sign up for but do not attend the workshop.

2012–13 Season SchoolTime Performances & Cal Performances in the Classroom & Professional Development Workshops for Teachers

PERFORMANCE	NO. OF CLASSES	GRADE LEVEL	NO. OF STUDENTS	+ NO. OF ADULTS	= TOTAL NUMBER	X \$8.00 = TOTAL
Kronos Quartet Tue, Oct 2, 11 am						
Mummenschanz Mon, Nov 26, 11 am						
+ Workshop: Universal Theater Sat, Nov 3, 10 am–1 pm	NO. OF TEACHER/S	X \$35	+ \$65 FOR CLASSROOM VISIT			= TOTAL
Simón Bolívar Symphony Orchestra Wed, Nov 28, 11 am						
Hubbard Street Dance Chicago Fri, Feb 1, 11 am						
Circus Oz Fri, Feb 15, 11 am						
Wynton Marsalis and the Jazz at Lincoln Center Orchestra Mon, Mar 18, 11 am						
+ Workshop: The American Art of Jazz Sat, March 2, 10 am–1 pm	NO. OF TEACHER/S	X \$35	+ \$65 FOR CLASSROOM VISIT			= TOTAL
Afropop Spectacular Fri, Mar 29, 11 am						
Alvin Ailey American Dance Theater Thur, Apr 25, 11 am						
Fri, Apr 26, 11 am						
+ Workshop: The Music of Revelations Sat, March 23, 10 am–1 pm	NO. OF TEACHER/S	X \$35	+ \$65 FOR CLASSROOM VISIT			= TOTAL
Les 7 Doigts de la Main Circus Fri, May 3, 11 am						

If you would like to be considered for an another performance if your selections are sold out, please indicate the alternate performances in order of preference.

TOTAL AMOUNT DUE: (including SchoolTime and Cal Performances in the Classroom fees)	\$
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PAYMENT: Check Enclosed Payable to **UC Regents** Check # _____

CREDIT CARD: VISA Discover MasterCard American Express Credit card orders may be faxed to 510. 643.2359.

Card # _____

Expiration Date _____

Signature _____

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS
ALL SALES ARE FINAL

For Office Use Only Order No. Rec'd Date/Initial Paid Confirmation Sent