

# theatreworks<sup>USA</sup>

## 2010-2011 Mailing Form

Visit [www.TWUSA.org](http://www.TWUSA.org) or call 1.800.497.5007 Fax: 1.800.630.6411

### HOW TO ORDER:

If the performance is more than 45 days away:

- Available tickets can be purchased with a credit card or check. Tickets can also be reserved without payment. In order to guarantee your seats, we must receive full payment or a school purchase order by the due-date assigned to you.

If the performance is within 45 days:

- Available tickets can be purchased using Visa, MasterCard, American Express, Discover and TeleCheck. We also accept school purchase orders. Please note that payment is not accepted at the door.

At time of payment, your group's Ticket of Admission will be sent to you. If you choose to pay by check, please make it payable to Theatreworks USA. Do not send individual checks for each child. Payments made with multiple checks will be charged a service fee. Mail orders, correspondence and payment to: Box Office, Theatreworks USA, 151 West 26th Street, New York, NY 10001.

If accommodations are requested for students with disabilities, please notify us at the time of order, being specific about the nature of the special needs. Study guides and directions to theatres may be also downloaded from [www.twusa.org](http://www.twusa.org). Sorry, no refunds or credits.

### PRICES:

Groups of 15 or more pay \$8.50 per seat with one free chaperone seat for every 15 paid seats (please indicate TOTAL number of seats you need). For groups of 14 or fewer, or for individuals, seats are \$10 for all performances. Tickets purchased the day of the performance by phone (if available) will be subject to a \$1 processing fee per ticket.

## **SORRY, THERE WILL BE NO REFUNDS OR CREDITS.**

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Please make sure to fill out all fields below, including e-mail address. Failure to do so may result in the loss of your order!

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Group Coordinator

Grade(s)

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School Name

District/Diocese

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School Address

---

City

State

Zip

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School Phone (include area code)

Home Phone (include area code)

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E-Mail Address (Required – all invoices are now sent via e-mail)

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Are special accommodations requested for disabled students? If so, please specify.

## **PLEASE COMPLETE NEXT PAGE**

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CITY/THEATRE	SHOW TITLE	DATE	TOTAL SEATS ✓

✓ Include number of Free Chaperone seats in this total

### PAYMENT:

- Send me an invoice
- Check enclosed
- Charge to my:
  - VISA     MASTERCARD     AMEX     DISCOVER

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Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

<b>OFFICE USE ONLY</b>
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Mail to:

**BOX OFFICE  
THEATREWORKS USA  
151 WEST 26<sup>TH</sup> STREET  
NEW YORK, NY 10001**

or Fax to

**1.800.630.6411**

