

NORTHWEST INDIANA SYMPHONY ORCHESTRA EDUCATION PROGRAM REGISTRATION FORM

School: _____
Contact Person: _____ Position: _____
School Billing Address: _____ New Address? Yes No
School Mailing Address: _____ New Address? Yes No
City: _____ State: _____ Zip Code: _____ County: _____
School System: _____ Grade Levels: _____ Type of School: Public Private Home
School Phone: (_____) _____ - _____ Fax: (_____) _____ - _____ Number of Buses: _____
Email: _____

The SCHOOL REPRESENTATIVE is responsible for notifying the Symphony Offices in writing (mail, email or fax) of any changes to the reservation before payment deadline. Notice of cancellation MUST be made one month before the scheduled concert or event. Cancellations made less than one month in advance will require full payment. **NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS MADE AFTER THE ONE MONTH PAYMENT DEADLINE.**

EDUCATION CONCERTS – OCTOBER 15, 2009 - STAR PLAZA THEATRE – MERRILLVILLE
REGISTRATION AND PAYMENT DEADLINE: SEPTEMBER 17, 2009

Choose Time: 9:15 am 10:45 am

Please indicate number of students per grade and chaperones:

2nd: _____ 3rd: _____ 4th: _____ 5th: _____ 6th: _____ 7th: _____ 8th: _____ Chaperones: _____

Total Amount for Students (\$7 per student): \$ _____ Total Amount for Chaperones (\$7 per Chaperone): \$ _____

Number of Disabled Students: _____ Nature of Disability: _____

OPEN DRESS REHEARSAL FOR HIGH SCHOOL STUDENTS – OCTOBER 14, 2009 – 7:30PM – STAR PLAZA THEATRE – MERRILLVILLE

Total Students _____ Total Chaperones: _____ Total Amount for Students (\$5 per) \$ _____ No Charge for Chaperones

TOOT 'N DOODLE – NOVEMBER 5, 2009 - CENTER FOR VISUAL AND PERFORMING ARTS – MUNSTER
REGISTRATION AND PAYMENT DEADLINE: OCTOBER 8, 2009

Choose Time: 9:30 am 12:00 NOON

Please indicate number of students per grade and chaperones: 2nd: _____ 3rd: _____ Chaperones: _____

Total Amount for Students (\$7 per student): \$ _____ No Charge for Chaperones for Toot 'n Doodle

Number of Disabled Students: _____ Nature of Disability: _____

RHYTHM 'N HUES – APRIL 21 & 22, 2010 - CENTER FOR VISUAL AND PERFORMING ARTS – MUNSTER
REGISTRATION AND PAYMENT DEADLINE: MARCH 24, 2009

Choose Date: April 21 April 22 Choose Time: 9:30 am 12:00 NOON

Please indicate number of students per grade and chaperones: 1st: _____ 2nd: _____ Chaperones: _____

Total Amount for Students (\$7 per student): \$ _____ No Charge for Chaperones for Rhythm 'n Hues

Number of Disabled Students: _____ Nature of Disability: _____

I UNDERSTAND THAT IF PAYMENT IS NOT RECEIVED BY THE SYMPHONY ONE MONTH PRIOR TO THE EVENT DATE, THE SPACES I RESERVED WILL BE RELEASED TO OTHER GROUPS. _____

TEACHER SIGNATURE REQUIRED

Bill Me Check enclosed, payable to NISO (reservation & check must be received by payment deadline; 1 per group; no staples)

Credit Card : AmEx Mastercard Visa Card Number _____ Exp Date _____

Name on Card: _____ Authorized Signature: _____