



Educational Performance Application
Public & Private Schools
 2009/2010 Request Form (Part 1)

For Office use only:
 Date rec. ___/___/___
 Lot # _____
 Pick # _____

For the Friends of Arts Education at the Cerritos Center to consider your request for your students to attend any daytime Educational Performance, you must type or legibly print and complete both sides of this form. Provide the requested signatures and submit your application no later than **5:00 PM on Tuesday, September 22, 2009**. Incomplete or late forms may not be processed.

Note: Completing this form does not guarantee your reservation. To ensure fairness, and due to the high demand for Educational Performances, the Friends uses a lottery system to register groups for the shows. For more information on the selection rules please see pages 28 to 30. We will make every effort to give you your first choice.

REGISTRATION DEADLINE:
5:00 PM ON TUESDAY, SEPTEMBER 22, 2009

<u>Deliver or mail to:</u>	<u>Or fax:</u>
Friends of Arts Education	(562) 467-8845
Attn: Educational Performances	
Cerritos Center for the Performing Arts	<u>If you have questions call:</u>
12700 Center Court Drive	(562) 916-1296
Cerritos, CA 90703	

Please Type or Print Clearly

		Title I: ___ Yes ___ No
School Name: _____	District: _____	
Principal's Name: _____	Email: _____	
School Address: _____	CA	
Street	City	Zip Code
School Phone Number: (_____) _____	School Fax: (_____) _____	

Teacher / Contact's Name: _____	Best address, phone number and email to reach you:
Address: _____	CA
Street	City
Email: _____	Fax Number: (_____) _____
Daytime Phone Number: (_____) _____ ext. _____	Evening Phone Number: (_____) _____

Grade(s): _____ # students: ___ # teachers: ___ # additional chaperones: ___ * Total # seats reserved: _____
(Grade(s) of students who will attend)
How will you travel to the theater? Bus _____ (shuttling? Y / N) Carpool: _____ Walking: _____
* The adult/student ratio required is 1 adult per 10 students
If a significant portion of your group does not use their reserved seats, a \$1.00 charge per unused seat may be applied.

Please inform us of any special needs, such as:	
<input type="checkbox"/> Wheelchair accommodations – indicate #: _____	
<input type="checkbox"/> Individuals unable to use stairs – indicate # that will need to use the elevator: _____	
<input type="checkbox"/> Students who are deaf or hard-of-hearing – indicate # of students: _____	# Interpreter(s) attending: _____
<input type="checkbox"/> Other: _____	

