2008 – 2009 Touring Theatre Reservation Request Form

Name of School/Organization _____

Contact Person _____

Mailing Address _____

Phone Number _____ Fax _____Other _____

Please rank your top three performance date preferences from the following list. We will try our best to accommodate your first choice. If you are interested in both tours, please indicate your choices for both tours (if different).

_January 7	__January 14	__January 21	__January 28	__February 4
__February 11	__February 18	__February 25	__March 4	__March 11
__March 25	__April 1	__April 8	__April 15	__April 22
__April 29				

First Choice _____ Second Choice _____ Third Choice _____

Preference for performance time:

8:00 a.m._____	8:30 a.m. _____	9: a.m. _____
9:30 a.m. _____	10:00 a.m. _____	10:30 a.m. _____

Please indicate preference for a post show discussion led by Tour Manager and Actors:
_____ Yes _____ No

Signature below verifies understanding and acceptance of the terms and agreements of the Touring Theatre Program, as well as acts as a binding agreement between your organization and the Touring Theatre Program at Wayne State University.

_____ _____
Authorized Signature Date

Please send this completed form with your deposit of fifty dollars ($50.00). Make the check payable to: **Wayne State University**.

Mail to: Rebecca Dages
Touring Theatre Program
Wayne State University
4841 Cass Ave., Ste. 3225
Detroit, MI 48202

Failure to send the balance two weeks prior to the performance date can void this agreement.