

2007 – 2008 Touring Theatre Reservation Request Form

Name of School/Organization _____

Contact Person _____

Mailing Address _____

Phone Number _____ Fax _____ Other _____

I am interested in (circle): **No Feare Shakespeare** **BTP**

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 16	February 13	March 19	April 16
January 23	February 20	March 26	April 23
January 30	February 27	April 2	April 30
February 6	March 5	April 9	

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: **Jessica Bixby**
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.