



## 2008-2009 Booking Request

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Contact Phone \_\_\_\_\_ email address \_\_\_\_\_

**Please tell us which shows/tours and dates you want** *(please print)*

Show or Tour #1 \_\_\_\_\_

Date and time of performance \_\_\_\_\_

How Many Tickets ? \_\_\_\_\_ or circle here if this is an-in-school touring show

Price Per Ticket/Perf fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Show or Tour #2 \_\_\_\_\_

Date and time of performance \_\_\_\_\_

How Many Tickets ? \_\_\_\_\_ or circle here if this is an-in-school touring show

Price Per Ticket/Perf fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**TOTAL FOR ALL PERFORMANCES BOOKED \$** \_\_\_\_\_

### **terms and conditions....**

When we receive this form, we'll contact you to confirm your request and prepare a contract for the performance. When you receive the contract, please return it with a 10% deposit to hold your reservation. Payment is expected in full on or before the day of performance.

If the number in your group changes, please let us know as soon as possible - otherwise we will expect payment for the original number of bookings. Any questions, please give us a call!

### **CINEMA ACADEMY**

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**(847) 564-9060 ph / (847) 564-9098 fax**