

# A.C.T. 2017-18 SEASON | STUDENT MATINEE ORDER FORM

A.C.T. provides one complimentary ticket for every ten tickets purchased.

PLAY	DATE	PRICE	# OF PAID TICKETS	# OF COMPLIMENTARY TICKETS	TOTAL TICKETS
<i>Hamlet</i>	Fri, Sep 29, 1 p.m.	\$15	_____	_____	_____
<i>Small Mouth Sounds</i> (Strand Theater)	Fri, Oct 13, 1 p.m.	\$15	_____	_____	_____
<i>A Christmas Carol</i>	Tue, Dec 5, 1 p.m.	\$20	_____	_____	_____
<i>A Christmas Carol</i>	Wed, Dec 6, 1 p.m.	\$20	_____	_____	_____
<i>A Christmas Carol</i>	Thu, Dec 7, 1 p.m.	\$20	_____	_____	_____
<i>The Birthday Party</i>	Fri, Jan 19, 1 p.m.	\$15	_____	_____	_____
<i>Heisenberg</i>	Fri, Mar 23, 1 p.m.	\$15	_____	_____	_____
<i>Vietgone</i> (Strand Theater)	Wed, Apr 18, 1 p.m.	\$15	_____	_____	_____
<i>Father Comes Home From the Wars</i>	Fri, May 5, 1 p.m.	\$15	_____	_____	_____

For performances of **A Christmas Carol** and all performances at **The Strand Theater**, a 25% nonrefundable deposit is required three (3) weeks after we have confirmed your order or seats will be released. Full payment must be received by October 23 for *A Christmas Carol* and three (3) weeks before performances at The Strand Theater. Seating priority is based on receipt of full payment.

Please indicate any wheelchair accessible seats or other accommodations your group requires.

- Please contact me with more details about the **Will on Wheels Shakespeare tour (March 12-23, 2018)**.
- I'm interested in learning about **ACTsmart theater workshops** offered by A.C.T.

## PAYMENT INFO

For *A Christmas Carol*, payment is due by October 23.  
 For all other productions, payment is due three (3) weeks before your performance.  
 If a credit card number is provided, the full amount of the order will be charged when the order is confirmed unless otherwise requested.  
**Seating priority is based on receipt of full payment.**

### Payment Type

- \_\_\_\_\_ Check payable to A.C.T.  
 \_\_\_\_\_ Credit Card (MasterCard/Visa/AmEx)

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 NAME ON CARD \_\_\_\_\_ CARD SECURITY CODE \_\_\_\_\_

## Photo/Video Release

A.C.T. occasionally photographs and/or videotapes portions of student matinee performances and workshops for use in promotional, archival, or fundraising purposes, or for use in social media and/or on our website. Please indicate below if you and your students may be photographed and/or taped at workshops and/or performances. A.C.T. will inform you if your performance will be recorded in any way.

- \_\_\_\_\_ **YES**, photos and/or video are fine.  
 \_\_\_\_\_ **NO**, my school will not allow it.

## PATRON INFORMATION

TEACHER NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 GRADE LEVEL \_\_\_\_\_ SUBJECT (FOR MIDDLE AND HIGH SCHOOL) \_\_\_\_\_  
 TEACHER ACCOMPANYING STUDENTS (IF DIFFERENT) \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 PERSON RESPONSIBLE FOR PAYMENT (IF DIFFERENT) \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 SCHOOL NAME \_\_\_\_\_ SCHOOL PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please mail this form to:

**A.C.T. Student Matinee Program**  
**30 Grant Avenue**  
**San Francisco, CA 94108-5834**

You may also email your form to [smat@act-sf.org](mailto:smat@act-sf.org), or fax your order to 415.749.2291.

Please contact SMAT Representative Elizabeth Halperin at 415.439.2306 with **any questions**.

**A.C.T.** AMERICAN CONSERVATORY THEATER  
 ACT-SF.ORG/SMAT