

# CHANGE ORDER FORM

## TAMPA THEATRE SCHOOL SHOW PRESENTATIONS SCHOOL CHANGE ORDER FORM

(\*\*please complete in ink!\*\*)

SCHOOL:

CONTACT:

PHONE:

FAX:

This page is page of pages being faxed/mailed.

**FAX COMPLETED  
FORM TO:**  
  
Leah LoSchiavo  
FAX: 813.274.8978  
PHONE: 813.274.5508  
EMAIL: leah@tampatheatre.org

MY SCHOOL CURRENTLY HAS A RESERVATION FOR THE FOLLOWING PERFORMANCE:

PERFORMANCE NAME:

DATE	TIME	GRADE LEVEL	# OF STUDENT TICKETS	# OF COMPED ADULT TICKETS	# OF PAID ADULT TICKETS	# OF ADA NEEDS	** # OF WH	# OF BUSES	AMOUNT DUE

OUR RESERVATION NEEDS TO BE ALTERED TO ACCOMODATE THE FOLLOWING:

PERFORMANCE NAME:

DATE	TIME	GRADE LEVEL	# OF STUDENT TICKETS	# OF COMPED ADULT TICKETS	# OF PAID ADULT TICKETS	# OF ADA NEEDS	** # OF WH	# OF BUSES	AMOUNT DUE

\*\*WH=WHEELCHAIR

\*\*\*COMPLIMENTARY ADULT TICKETS are provided at a ratio of 1 PER 15 STUDENTS. ESE ratio is 1 per 3 students.

NOTE: Tampa Theatre will FAX this form back to you confirming that your change order has been received & processed.

**PLEASE REMEMBER:** Once your ORDER FORM has been received, a seat for each of your students has been reserved. Although attrition due to absences will occur, **IT IS NOT ACCEPTABLE** to cancel an entire performance or to reduce attendance numbers by more than 10% without a **MINIMUM of three weeks notice (CANCELLATION DEADLINE)**. In the event of a cancellation or reduction in attendance greater than 40% of original reservation AFTER THE CANCELLATION DATE, **the school is responsible for 60% of the original reservation.**