



SEATS FOR KIDS

2011 Application for Participation

NAME OF ORGANIZATION: _____

SHIPPING/ MAILING ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

Describe your Organization: _____

Show and Participant Information: (limit two shows; minimum of ten participants, maximum of 100)

STOMP:

_____ Tues, June 7, 8:00 p.m. **OR** _____ Sat, June 11, 2:00 p.m. **OR** _____ Sun, June 12 2:00 pm

* Number of Children: _____ and Number of Chaperones: _____

GUYS AND DOLLS:

_____ Tues, July 19, 8:00 p.m. **OR** _____ Sat, July 23, 2:00 p.m. **OR** _____ Sat, July 30, 2:00 pm

* Number of Children: _____ and Number of Chaperones: _____

1st Choice Show Requested Above: _____

2nd Choice Show Requested Above: _____

Organization Representatives:

PPRIMARY CONTACT: _____ TITLE: _____

PHONE: _____ EMAIL: _____ CHAPERONE Yes No

SECONDARY CONTACT: _____ TITLE: _____

PHONE: _____ EMAIL: _____ CHAPERONE Yes No

NOTE: DSM WILL CONFIRM THE DATE, TIME, AND NUMBER ATTENDING IF APPLICATION IS APPROVED. PLEASE BE SURE YOUR RESERVATION IS ACCURATE. EVERY TICKET THAT GOES UNUSED MUST BE PAID FOR WITH FUNDS FROM OUR BUDGET, AND THEREFORE, HAS A DIRECT EFFECT ON OUR ABILITY TO SUSTAIN THIS PROGRAM AND YOUR ORGANIZATION'S OPPORTUNITY FOR FUTURE PARTICIPATION.