



**Neglia Ballet Artists “On School Time” Booking Policies  
Baba Yaga Friday October 13th, 2017 10:30am  
Shea’s Performing Arts Center**

Please read through the policies carefully before signing. Your signature signifies to us your acceptance of all conditions listed below.

- ❖ Sign and return the attached reservation sheet along with the signed policies as soon as possible to hold your group seats for this performance. Additional seats may be reserved based on availability.
- ❖ It is extremely important that we begin the performance on time. Please plan accordingly and allow ample travel time to and from the theatre. In the event of an unavoidable delay, please call the theatre as soon as possible.
- ❖ Neglia Ballet Artists reserves the right to cancel this agreement at any time for non-payment of any sums in accordance with the terms herein.
- ❖ This production is not appropriate for children under the age of 4 (absolutely no babies will be allowed in the theatre).
- ❖ Food, drink and electronic devices are prohibited in the theatre.
- ❖ Each school must take full responsibility for the behavior of their students. Neglia Ballet Artists reserves the right to remove any student, or group of students from the theatre for disruptive behavior. Schools are fully responsible for any damage caused to the theatre by their students.
- ❖ Tickets are not issued for “On School Time” performances. Seats are assigned in order of reservation. You will be met by a representative of Neglia Ballet Artists who will direct each group to their assigned seats.
- ❖ Handicapped seating is available. Please indicate any special needs at the time of booking on the reservation sheet.

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Authorized Signature  
Print Name:

Date



**“On School Time” Reservation Sheet  
Due by Tuesday, October 10th**

**School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **District:** \_\_\_\_\_

**School Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**Performance: BABA YAGA**

**Date: FRIDAY OCT. 13 10:30am**

**# of seats (include students, teachers & chaperones):** \_\_\_\_\_

**# of buses** \_\_\_\_\_

**Grade(s):** \_\_\_\_\_

**Any special needs?** \_\_\_\_\_

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**Authorized signature**

**Date**

**Print Name:** \_\_\_\_\_