



**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 by October 10th to hold your group seats for this performance to Neglia Ballet (info@negliaballet.org). Additional seats may be reserved based on availability.
- ❖ Tickets are **\$10 each** for up to 50 students **OR \$500 for 51-250** students
- ❖ Please make check payable to Neglia Ballet Artists
- ❖ 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 greeted by a Shea’s representative who will direct your group to their assigned seats.
- ❖ Handicapped seating is available. Please indicate any special needs at the time of booking on the reservation sheet.

Authorized Signature
Print Name:

Date



**“On School Time” Reservation Sheet
Due by October 10th, 2017**

School Name: _____

Address: _____

City: _____ **Zip:** _____ **District:** _____

School Phone: _____ **Contact:** _____

Contact Phone: _____ **Email:** _____

Performance: BABA YAGA

Date: FRIDAY OCT. 13 10:30am

of seats (include students, teachers & chaperones): _____

of buses _____

Amount enclosed _____

Grade(s): _____

Any special needs? _____

Authorized signature

Date

Print Name: