



## CHANGE ORDER FORM

**SCHOOL FIELD TRIP CHANGE FORM: please complete in ink!**

School: \_\_\_\_\_

FAX COMPLETED FORM TO:

Contact: \_\_\_\_\_

Nathaly Arredondo or Cassandra Trohn

Phone: \_\_\_\_\_

PHONE: 863-682-7553

FAX: \_\_\_\_\_

FAX: 863-688-7412

This page is \_\_\_ of \_\_\_ pages faxed

**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 ACCOMMODATE 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:** Polk Theatre will FAX this form back to you confirming that your cancellation request has been received & processed.

<b>POLK THEATRE OFFICE USE:</b>	
DATE REC'D _____	REC'D BY _____
FAXED TO SCHOOL <input type="checkbox"/>	DATE _____

**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**.