



**EXPLORATIONS RESERVATION REQUEST FORM**

**PLEASE MAIL OR FAX FORM TO:**

Explorations Group Sales, The Community Theatre  
100 South St, Morristown, NJ 07960 / (fax) 973.455.1607

**SCHOOL NAME:** \_\_\_\_\_

**PLEASE LIST ALL ATTENDING TEACHERS:**

**PRIMARY TEACHER CONTACT:** \_\_\_\_\_

\_\_\_\_\_

**PRINCIPAL NAME:** \_\_\_\_\_

\_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

\_\_\_\_\_

**SCHOOL PHONE #:** \_\_\_\_\_

\_\_\_\_\_

**ALT. PHONE #:** \_\_\_\_\_

\_\_\_\_\_

**FAX #:** \_\_\_\_\_

\_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**I PREFER INFORMATION BY:**

**EMAIL** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**BEST TIME TO REACH BY PHONE:** \_\_\_\_\_

**SHOW TITLE:** \_\_\_\_\_

**DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **TIX PRICE** \_\_\_\_\_

**TOTAL ATTENDEES (INCLUDING CHAPERONES)\*** \_\_\_\_\_

**ADDITIONAL SHOW:** \_\_\_\_\_

**DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **TIX PRICE** \_\_\_\_\_

**TOTAL ATTENDEES (INCLUDING CHAPERONES)\*** \_\_\_\_\_

**ADDITIONAL SHOW:** \_\_\_\_\_

**DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **TIX PRICE** \_\_\_\_\_

**TOTAL ATTENDEES (INCLUDING CHAPERONES)\*** \_\_\_\_\_

**SPECIAL ACCESSIBILITY NEEDS**

**(WHEELCHAIR SEATS, ETC)** \_\_\_\_\_

*Please note that reservations will not be considered confirmed until deposit/purchase order is received.*

*\*if you don't have exact figure, please give approximate amount. We will send you a confirmation with costs. To figure approximate costs, take total attendees, divide by 15; subtract that number from total and then multiply remaining amount by ticket price; Ex. 30 attendees – 2 free seats (30/15) equals 28 paid seats.*