



2019-20 YOUNG PEOPLE'S CONCERT FORM

CONTACT INFORMATION

NAME: _____ JOB TITLE: _____

EMAIL: _____ PHONE #: _____

SCHOOL'S NAME & ADDRESS: _____

_____ SCHOOL DISTRICT: _____

YOUNG PEOPLE'S CONCERTS

Please fill out which concert(s) your students will be attending. Please note any special requests for wheelchair accessibility or closer seating for the visual or hearing impaired.

THURSDAY, OCTOBER 3, 2019 – Fall Concert (suitable for ages 0-6)

1.) 10:00 – 10:45 AM

# of Teachers	# of Students	Total
		_____ x \$3.00 =

FRIDAY, NOVEMBER 7, 2019 – The Musical Time Machine

1.) 9:30 AM

# of Teachers	# of Students	Total
		_____ x \$3.00 =

2.) 11:00 AM

# of Teachers	# of Students	Total
		_____ x \$3.00 =

THURSDAY, JANUARY 30, 2020 – Musically speaking- Painting with music

1.) 9:30 AM

# of Teachers	# of Students	Total
		_____ x \$3.00 =

2.) 11:00 AM

# of Teachers	# of Students	Total
		_____ x \$3.00 =

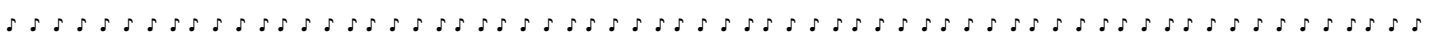
TOTAL = # Teachers _____	# Students _____	COST \$ _____
---------------------------------	-------------------------	----------------------

INSTRUCTIONS

- Please return this form, completed and signed, to Kendra Green at the BSO office, by email: kendra@bsonow.org, by mail: 1328 34th Street, Suite A, Bakersfield, CA 93301, or by **fax**: 661-323-7331.
- If the school needs to be invoiced please let the BSO office know. Payment before event day is preferable.
- Cancellations must be made two weeks before scheduled performance. Your school will be billed for the total amount if reservations are not canceled two weeks before.

SIGNATURE OF SCHOOL REPRESENTATIVE or PARENT

DATE



PAYMENT INFORMATION: Please invoice the school, email attention _____
 Check Enclosed (*payable to Bakersfield Symphony Orchestra*)
 Charge my credit card in full

Card Number _____ Expires _____ CRV Code _____

Signature _____

<u>For Office Use Only</u>