



# CHICO PERFORMANCES

2016-2017 FIELD TRIP SERIES

This FORM MUST BE FILLED OUT COMPLETELY or the order will NOT BE PROCESSED.  
 A \$4 mailing and handling fee is required.  
 All INCORRECT OR INCOMPLETE FIELD TRIP ORDERS will be returned and NOT PROCESSED.

2016-2017 Field Trip orders will be accepted by mail, drop off, and phone.

**TO ORDER FIELD TRIP TICKETS**

- Call: 530-898-6333
- In Person: Corner of W. Third & Chestnut Streets
- Mail: UBO, c/o CSU, Chico, Chico CA 95929-0120
- Email: CPFieldtrip@csuchico.edu

**ACCEPTING  
ORDERS NOW**

Make checks payable to University Box Office.

THIS ORDER MUST BE FILLED OUT COMPLETELY OR THE ORDER WILL NOT BE PROCESSED.  
 A \$4 MAILING AND HANDLING FEE IS REQUIRED.

**SCHOOL INFO:** School Name: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 School Phone Number: \_\_\_\_\_

**TEACHER INFO:** Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Teacher's email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Teacher summer contact info: \_\_\_\_\_

**METHOD OF PAYMENT:** P.O. #: \_\_\_\_\_ (Must be attached and signed)  
 Schools may submit one P.O. for multiple events, teachers, and classrooms.  
 Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_

**DISABILITY NEEDS:** Wheelchair seating? \_\_\_\_\_ How many: \_\_\_\_\_  
 Visual Issues: \_\_\_\_\_ Hearing Issues: \_\_\_\_\_

If your class has last-minute disability needs, please call 530-898-4325

\*ONE FORM PER TEACHER/CLASSROOM.

\*All exchanges must be made at least 14 days in advance of the Field Trip and will be charged a \$10 exchange fee. Be sure to check your school calendar before placing your order.

\*Groups must be limited to standard classroom size.

\*All seats must be paid for, including chaperones and drivers.

\*Please do not submit duplicate orders.

\*Email confirmations will be sent upon completion of the order.

\*Incomplete or incorrect orders will NOT be processed and returned.

\*If transportation needs require that class orders be processed together, please submit orders together and include an explanation.

\* Teachers: After receiving your payment and processing your Field Trip ticket order, the Box Office will email you a confirmation and mail your ticket to you. This ticket MUST be presented at the Field Trip performance.

Teacher Name: \_\_\_\_\_

Please use one form per teacher/classroom

Field Trips:	TOTAL:
<b>Field Trip #1</b> Performance: _____ Date: _____ Time: _____ IF THE ABOVE FIELD TRIP IS NOT AVAILABLE, I'LL TAKE: Alternate Performance: _____ Date: _____ Time: _____ Number of seats requested: _____ x \$5 seat = _____	
<b>Field Trip #2</b> Performance: _____ Date: _____ Time: _____ IF THE ABOVE FIELD TRIP IS NOT AVAILABLE, I'LL TAKE: Alternate Performance: _____ Date: _____ Time: _____ Number of seats requested: _____ x \$5 seat = _____	
<b>Field Trip #3</b> Performance: _____ Date: _____ Time: _____ IF THE ABOVE FIELD TRIP IS NOT AVAILABLE, I'LL TAKE: Alternate Performance: _____ Date: _____ Time: _____ Number of seats requested: _____ x \$5 seat = _____	
University Box Office, CSU, Chico Third and Chestnut Streets Chico, CA 95929-0120 530-898-6333 FAX: 530-898-5261 (P.O.'s only) Email: CPFieldtrip@csuchico.edu	Total Ticket Amount \$ All orders must be accompanied by a Mailing & Handling Fee <b>\$4.00</b> (required) GRAND TOTAL \$