



# CHICO PERFORMANCES

2017-2018 FIELD TRIP SERIES

To fill out this digital form, save it to your desktop, fill in, save again, then email to: CPFieldtrip@csuchico.edu  
 This FORM MUST BE FILLED OUT COMPLETELY or the order will NOT BE PROCESSED.  
 A \$4 mailing & handling fee is required.  
 All INCORRECT OR INCOMPLETE FIELD TRIP ORDERS will be returned and NOT PROCESSED.

2017-2018 Field Trip orders will be accepted by mail, drop off, and phone starting August 24 at 10 a.m. on a first come first served basis.

**TO ORDER FIELD TRIP TICKETS:**

- CALL: 530-898-6333
  - IN PERSON: Corner of W. 3<sup>rd</sup> & Chestnut Streets
  - MAIL: UBO, c/o CSU Chico, Chico CA 95929-0120
  - EMAIL: To fill out this digital form, save it to your desktop, fill in, save again, then email to: CPFieldtrip@csuchico.edu
- Make checks payable to University Box Office.

THIS ORDER MUST BE FILLED OUT COMPLETELY OR THE ORDER WILL NOT BE PROCESSED.  
 A \$4.00 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:** PO #: \_\_\_\_\_ (Must be attached and signed)  
Schools may submit one P.O. for multiple events, teachers, and classrooms.  
 Credit Card #: \_\_\_\_\_ 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 \$10.00 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 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:
<p><b>Field Trip #1</b></p> <p>Performance: _____</p> <p>Date: _____ Time: _____</p> <p><small>IF THE ABOVE FIELD TRIP IS NOT AVAILIABLE I'LL TAKE:</small></p> <p>Alternate Performance: _____</p> <p>Date: _____ Time: _____</p> <p>Number of seats requested: _____ x \$5 seat = _____</p>	
<p><b>Field Trip #2</b></p> <p>Performance: _____</p> <p>Date: _____ Time: _____</p> <p><small>IF THE ABOVE FIELD TRIP IS NOT AVAILIABLE I'LL TAKE:</small></p> <p>Alternate Performance: _____</p> <p>Date: _____ Time: _____</p> <p>Number of seats requested: _____ x \$5 seat = _____</p>	
<p><b>Field Trip #3</b></p> <p>Performance: _____</p> <p>Date: _____ Time: _____</p> <p><small>IF THE ABOVE FIELD TRIP IS NOT AVAILIABLE I'LL TAKE:</small></p> <p>Alternate Performance: _____</p> <p>Date: _____ Time: _____</p> <p>Number of seats requested: _____ x \$5 seat = _____</p>	
<p>University Box Office, CSU Chico            3<sup>rd</sup> and Chestnut Streets            Chico, CA            95929-0120            (530) 898-6333            FAX: (530) 898-5261 (P.O.'s only)</p>	<p><b>Total Ticket Amount \$</b>  <small>All orders must be accompanied by a</small></p> <hr/> <p>Mailing &amp; Handling Fee <b>\$4.00</b> <small>(required)</small></p> <hr/> <p><b>GRAND TOTAL \$</b></p>
<p>Email: CPFieldtrip@csuchico.edu</p>	