



Please return form to reynolds@uca.edu

Reservation Form

School Name: _____ Contact Name: _____
 Address: _____ Email Address: _____
 School phone number: _____ Contact cell number: _____
 Performance Title: _____ Performance Time: _____
 Grades Attending: _____
 # Students Attending (\$5.00): _____ # Adults Attending (\$10.00): _____
 # Comp Staff (1 per 10 students): _____ Need handicapped accessible seating Y___ N___
 *for each ten students, one complimentary staff ticket is offered to you group

Credit Card or Purchase Order:

Credit Card # _____ Expiration Date: _____
 Name as it appears on card: _____ CVV#: _____
 OR Purchase Order # _____

For Reynolds Office Use:

Estimated Total Due: _____
 Reservation Number: _____
 Final Count Due (1 week before performance): _____

To secure your reservation, a signed copy of the reservation form must be submitted to Reynolds Performance Hall with a purchase order or credit card number to ensure your reservation. Reservations are taken on a first come, first basis and must include total number of students, teachers, and parents. Parents must have a reservation through the school. Payment will be processed on the day of performance and is due upon arrival. Payments must be made for total group including parents, students, staff and guests of the school. We accept checks, credit cards, school issued purchase orders or large cash bills. Please bring one form of payment for your entire group. There are no refunds or exchanges after the final payment has been made.

Disclaimer

The show participants agree that neither Reynolds Performance Hall nor their agents shall be liable for any injury, damage or loss to baggage or any individual's belongings for any reason. Neither the Reynolds Performance hall nor University of Central Arkansas shall be liable for damages due to delay or failure to perform any obligation under this agreement if such delay or failure results directly from circumstances beyond its control. Such circumstances shall include, without limitation, acts of God, acts of civil war, civil commotion, riots, strikes, lockouts, acts of government in either its sovereign or contractual capacity, accidents, fires, water damages, floods, earthquakes or other natural catastrophes, or any causes determined by the Reynolds Performance Hall (in the exercise of fair discretion) to be beyond the reasonable control of the University of Central Arkansas. The undersigned is responsible for all reservations for the group attending the above performance, including students, teachers, chaperones, and parents attending with their children. I, the undersigned, understand that I am responsible for total amount stated above due in full upon arrival at the Reynolds Performance Hall. I understand that all reservation adjustments must be made no later than five (5) working days prior to the above performance. I further understand that cancellation of this reservation must be made no later than 15 working days prior to the above performance. If cancellation occurs within 15 days of performance the school will be responsible for full payment.

Teacher's Signature _____ Teacher's Name (Print) _____ Date _____

Principal's Signature _____ Principal's Name (Print) _____ Date _____