



CHANGE ORDER FORM

SCHOOL FIELD TRIP CHANGE FORM: please complete in ink!

School: _____

FAX COMPLETED FORM TO:

Contact: _____

Nathaly Arredondo or Cassandra Trohn

Phone: _____

PHONE: 863-682-7553

FAX: _____

FAX: 863-688-7412

This page is ___ of ___ pages faxed

MY SCHOOL CURRENTLY HAS A RESERVATION FOR THE FOLLOWING PERFORMANCE:

PERFORMANCE NAME: _____

DATE	TIME	GRADE LEVEL	# OF STUDENT TICKETS	# OF COMPED ADULT TICKETS	# OF PAID ADULT TICKETS	# OF ADA NEEDS	** # OF WH	# OF BUSES	AMOUNT DUE

OUR RESERVATION NEEDS TO BE ALTERED TO ACCOMMODATE THE FOLLOWING:

PERFORMANCE NAME: _____

DATE	TIME	GRADE LEVEL	# OF STUDENT TICKETS	# OF COMPED ADULT TICKETS	# OF PAID ADULT TICKETS	# OF ADA NEEDS	** # OF WH	# OF BUSES	AMOUNT DUE

**WH=WHEELCHAIR

***COMPLIMENTARY ADULT TICKETS are provided at a ratio of 1 PER 15 STUDENTS. ESE ratio is 1 per 3 students.

NOTE: Polk Theatre will FAX this form back to you confirming that your cancellation request has been received & processed.

POLK THEATRE OFFICE USE:	
DATE REC'D _____	REC'D BY _____
FAXED TO SCHOOL <input type="checkbox"/>	DATE _____

PLEASE REMEMBER: Once your ORDER FORM has been received, a seat for each of your students has been reserved. Although attrition due to absences will occur, IT IS NOT ACCEPTABLE to cancel an entire performance or to reduce attendance numbers by more than 10% without a **MINIMUM of three weeks notice (CANCELLATION DEADLINE)**. In the event of a cancellation or reduction in attendance greater than 40% of original reservation AFTER THE CANCELLATION DATE, the school is responsible for **60% of the original reservation**.