



Matinee Form Field Trip

Show: Martina, A Cucaracha's Love Story Production

Show Date: _____

Time: 10:00 am

How many students will attend: _____

How many adults (Teachers & Chaperones) will attend: _____

What Grade Levels will be attending: _____

School Name:

School Address:

City: _____ **State:** _____ **Zip Code:** _____

School Number: _____

Contact Person: _____

Title: _____ **Phone #:** _____

Email: _____

Contact Person's// Day of Show Contact # (Cell): _____

**** Wheelchair Access:** The Miracle Center performance spaces & restrooms are all accessible according to the ADA guidelines. Please request wheelchair seating when booking your tickets so our ticket office associates can better serve you. Our wheelchair/scooter ramp is located at the back of the theater with quick access into the performance space, please contact a TMC Staff prior to your arrival to assist your request. **

Any special request and/or questions:



Payment Form

PLEASE READ:

A deposit of 50% is due upon completion of the form.

A 50% deposit MUST be used to reserve your seats with a Credit Card number and/or Check. You will be charged upon completing the payment form. If your group intends to make full payment with another method, you will have the opportunity to indicate so on the payment form. The remaining balance is due ONE MONTH before the scheduled attendance date. *

Cancellation Policy: Cancellations may be made without penalty up to 8 weeks prior to the attendance date. Groups cancelling their reservation within 8 weeks or less of their scheduled attendance date will be charged 50% of the total balance due to the credit card and/or check provided on this form.

Questions: Please contact Vanessa Torres at VTorres@TheMiracleCenter.org or at 773-276-5933 ext. 5

I understand that by the completion of this form, I am placing a reservation and acknowledge that I am responsible for the payment of the seats reserved. I understand that cancellations must be made by email at least 8 weeks prior to my scheduled attendance date. Any cancellations made within the 8-week deadline will be subjected to a 50% cancellation penalty. *

I understand and accept the terms of the Cancellation Policy.

** A receipt will be emailed **

The Miracle Center accepts payment forms of Checks or Credit Cards. If you would like to write a check please make it payable to: THE MIRACLE CENTER.

Circle One: Check or Credit Card

** If a Check is made, please mail it to The Miracle Center, 2311 N. Pulaski, Chicago, IL 60639 with the completed form. **

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name on Card: _____

Credit Card Number: _____

Exp. Date: _____ **CVC:** _____ **Credit Card Type:** _____

Printed Name: _____

Signature: _____

Date: _____ **Email Address for Receipt:** _____

Total Charged: _____ **Date:** _____