

2017-18 Studio Tour Request Form

School/Organization Name:	Date:
7	The Magic Flute: 2017-2018 Studio Tour Dates October 10 – 20, 2017 January 4 – 31, 2018 May 7 – 18, 2018
Please list three (3) preferred dates and time	es:
1	
3.	
Street Address:	
City: State:	Zip Code: District:
School Website:	Principal's Name:
Booking Request Contact Name:	Title:
Contact Phone:	Contact Email:
Number of Students Attending:	Grade(s) Attending:
Performance Space (gym, auditorium, multi-	-purpose room, etc.):
Load-in access (stairs, elevator, parking, etc.):
Is there anything else you'd like for us to kno	ow about your school, classroom or organization?