PROGRAM ORDER FORM

Please indicate your desired artists, format choice, and two different possibilities of dates and times. Double check the artist availability and your master calendar (note holiday breaks, school testing, conference weeks, etc.) prior to completing the form. After your bookings are confirmed, an invoice will be provided.

EMAIL YOUR COMPLETED ORDER FORM TO
YOUTH@PIONEERCENTER.COM

SCHOOL/ORGANIZATION NAME _____

CONTACT NAME/TITLE _____

PHONE _____ **EMAIL** _____

MAILING ADDRESS _____

_____

PERFORMANCE VENUE NAME/ADDRESS
(IF DIFFERENT FROM ABOVE)

_____

_____

NOTES:

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ARTIST	DATE/TIME 1ST CHOICE	DATE/TIME 2ND CHOICE	FORMAT CHOICE
Brüka Theatre for Children			A B C
Fanci-Fool: KIDS!			A B C
F-Rock Crew			A B -
Izzi Tooinsky			A B -
Kantu Inka			A B C
Maya Soleil Traditions			A B -
Reno Taiko Tsurunokai			A B C
Warp Trio			A B -