

2024-25 TCT SCHOOL ORDER FORM

STEP 1: SELECT YOUR SHOWS

ALL PERFORMANCES AT THE TAFT THEATRE

317 E. 5th Street, Cincinnati, OH 45202

**DISNEY'S
BEAUTY & THE BEAST JR.**

SANTA CLAUS: THE MUSICAL

**DR. SEUSS'S
CAT IN THE HAT**

DISNEY'S FOZEN JR.

STEP 2: SELECT YOUR DATES & TIMES Shows last around 60 minutes

**DISNEY'S
BEAUTY & THE BEAST JR.**

SANTA CLAUS: THE MUSICAL

**DR. SEUSS'S
CAT IN THE HAT**

**DISNEY'S
FROZEN JR.**

WED, OCT. 16	9:45am	12:15pm
THUR, OCT. 17	9:45am	12:15pm
FRI, OCT. 18	9:45am	12:15pm
MON, OCT. 21	9:45am	1:00pm*

WED, DEC. 11	9:45am	12:15pm
THUR, DEC. 12	9:45am	12:15pm
FRI, DEC. 13	9:45am	12:15pm
MON, DEC. 16	9:45am	1:00pm*

WED, FEB. 19	9:45am	12:15pm
THUR, FEB. 20	9:45am	12:15pm
FRI, FEB. 21	9:45am	12:15pm
MON, FEB. 24	9:45am	1:00pm*

FRI, APR. 25	9:45am	12:15pm
MON, APR. 28	9:45am	1:00pm
WED, APR. 30	9:45am	12:15pm
THUR, MAY 1	9:45am	12:15pm
FRI, MAY 2	9:45am	12:15pm

*Designated Homeschool student and signed performances.

**Designated Sensory-Friendly performances.

STEP 3: SELECT PRICE

INDIVIDUAL TICKETS | \$10

4-SHOW SUBSCRIPTION | \$32

***SCHOOLS WITH 50% OR MORE STUDENTS**

ON FREE & REDUCED LUNCH | \$5

*Please complete subsidy form

STEP 4: COMPLETE YOUR ORDER

Number of Students _____ X PRICE _____ = \$ _____ SUBTOTAL

Number of Free Chaperones (YOU RECEIVE ONE FREE CHAPERONE FOR EVERY 15 STUDENTS.)
 _____ X \$ 0.00 = \$ 0.00

Number of Paid Chaperones (INDICATE NUMBER OF PAID CHAPERONES X APPLICABLE TICKET PRICE.)
 _____ X \$ _____ = \$ _____

TOTAL = \$ _____

Please indicate the number of accessible seats in your order:

Seating is limited and cannot be guaranteed unless reserved.

Please indicate the number of students with hearing impairment in your order:

Signed performances are Mondays at 1:00 pm.

Please indicate the number of children under three in your order:

Homeschool performances are Mondays at 1:00 pm.

FOR OFFICE USE ONLY

SCHOOL NAME _____

TEACHER NAME _____ GRADE LEVEL _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE _____ EXT _____

DISTRICT _____

EMAIL _____

PAYMENT CONTACT NAME _____

PAYMENT CONTACT PHONE _____

PAYMENT CONTACT EMAIL _____

PO NUMBER _____

Purchase Order must accompany order if required by your school district.

COMPLETE ORDER FORM AND EMAIL TO: pam.young@tctcincinnati.com

PLEASE MAIL CHECK, MONEY ORDER OR PO TO: The Children's Theatre of Cincinnati

Attn: School Orders 24-25

4015 Red Bank Road, Cincinnati, Ohio 45227

QUESTIONS? Email pam.young@tctcincinnati.com or call 513-569-8080 x13

The Children's Theatre of Cincinnati 2024-2025 Ticket Subsidies

Here's how it works:

- 👑 Our underwriting program is set up to benefit schools confirmed to have 50% or more students on Free and Reduced Lunch.
- 👑 To receive underwriting assistance, your field trip reservations must be submitted on the attached 2024-2025 TCT school reservation form and accompanied by the fully completed Ticket Subsidy Application below.
- 👑 If your school has multiple groups scheduling field trips with us this year, each group must submit their own Application for assistance. Approval of one group to receive the subsidy does not extend to all other groups in the same school.
- 👑 Allow two weeks for processing your request and for confirmation of underwriting assistance. All confirmations for the subsidy will be forwarded to the person submitting the application in writing via email unless otherwise requested.
- 👑 Underwriting funds are limited and not guaranteed! Requests will be accepted on a first come, first served basis.

Principal's Name: _____

Percentage of Free & Reduced Lunch as of Current/Upcoming School Year _____%*

*Please ask your school principal/secretary/office to confirm this percentage. You may be asked to provide written verification of school status.

School Demographics:

This information is critical for receipt grant funds that allow us to provide subsidy and is not used for eligibility purposes.

Find your Public School demographics here: [CLICK HERE](#)

Find your Private School demographics here: [CLICK HERE](#)

American Indian/Alaska Native_____
Asian_____
Black_____
Hispanic_____
Native Hawaiian/Pacific Islander_____
White_____
Two or More Races_____

If you have questions regarding this program, please contact Pam Young at 513-569-8080 x13 or email pam.young@tctcincinnati.com