

**Brott Music Education Concerts 2016**

Tel: 905-525-7664 | Email: education@brottmusic.com | Fax: 905-526-9934  
www.brottmusic.com

**Concerts:**

**DAPHNE THE DINOSAUR (Select one)**

Tues. Nov. 15, 2016

<input type="checkbox"/>	9:45 AM
<input type="checkbox"/>	11:30 AM
<input type="checkbox"/>	12:55 *waitlist

Wed. Nov. 16, 2016

<input type="checkbox"/>	9:45 AM
<input type="checkbox"/>	11:30 AM
<input type="checkbox"/>	12:55 *waitlist

**ROCK THE ORCHESTRA! (Select One)**

Tues. Nov. 22, 2016

<input type="checkbox"/>	9:45 AM
<input type="checkbox"/>	11:30 AM
<input type="checkbox"/>	12:55 *waitlist

Wed. Nov. 23, 2016

<input type="checkbox"/>	9:45 AM
<input type="checkbox"/>	11:30 AM
<input type="checkbox"/>	12:55 *waitlist

	DAPHNE THE DINOSAUR	ROCK THE ORCHESTRA!
Total Students	<input type="text"/>	<input type="text"/>
Total Teachers	<input type="text"/>	<input type="text"/>
Total Parents/Volunteers	<input type="text"/>	<input type="text"/>
<b>Grand Total</b>	<input type="text"/>	<input type="text"/>

If you have any students with special needs in your group, please indicate how many and what they require. Ex. Wheelchair seating, special seating for hearing/visual impairment etc.

# \_\_\_\_\_ Requirements: \_\_\_\_\_

In order to facilitate arrivals, please let us know how many buses will be arriving at Mohawk College each day:

# \_\_\_\_\_

**Contact Information:**

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Would you like a free digital Support Package sent to your email prior to the concert?

**Please Note:** Packages will be issued after payment has been received in full.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

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**Accounts Payable Contact Information:**

If you are not the person responsible for accounts payable at your school, please provide us with their information.  
We will copy both contacts when issuing your invoice.

Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Payment Policies:** You will receive an invoice by email once we have received your order confirming the number of tickets, performance date/time and amount payable.

Deposit of 10% due within 48 hours of booking

Balance due a minimum of 7 days prior to the performance.

Cheque, Visa or MasterCard accepted

**Seating:** Orders are processed on a first-come, first-served basis.

You will receive confirmation of your assigned seating within the week prior to the concert.

**HOW TO ORDER:**

Please complete this form in full and send to

Email: [education@brottmusic.com](mailto:education@brottmusic.com)

Fax: 905-526-9934

Mail: 301 Bay St. South, Hamilton, Ontario, L8P 3J7