

STARS 2009/2010

Reservation Form

Please indicate your top three performance choices, dates and times below:

Name of Performance:

Date & Time

- 1.) _____
- 2.) _____
- 3.) _____

School Name: _____

School Address: _____

School Phone: _____ School Fax: _____

Teachers Name: _____ Number of Wheelchairs: _____

Number of Students: _____ Grade(s): _____

Number of Chaperones/Teachers: _____ Today's Date: _____

Please fill in all the blanks, incomplete forms will be returned. EACH TEACHER must complete their own reservation form.

PLEASE EMAIL THIS FORM TO THERESA JIMENEZ ANDERS AT STARS@VVF.org

You will be notified which performance you are registered for by either
September 1 or November 15

PRESENTED BY THE  VAIL VALLEY FOUNDATION

Vilar Performing Arts Center

68 Avondale Lane, Beaver Creek • PO Box 3822, Avon, CO 81620

Questions 970.748.6650 • Fax: 970.748.1396

www.vilarPAC.org/STARS