



Westchester Philharmonic

Itzhak Perlman, Artistic Director

Westchester Philharmonic's 2009-10 Education Program:

Peter and the Wolf

Choose which concert date and time you'd like your class(es) to attend and reserve your seats with the form below. Please keep a copy for your records!

**ALL RESERVATIONS AND LUMP SUM PAYMENT (OR PURCHASE ORDERS) ARE DUE
NO LATER THAN FRIDAY, March 12, 2010.**

Preparatory materials will be available via our website: www.westchesterphil.org/communityprograms.asp
Cancellations or exchanges may be made only before payment.

The Performing Arts Center has only 8 total handicapped "seats" available for the entire facility.
Please keep this in mind when requesting handicapped seating.

Name of School: _____

Contact person: _____ **E-mail:** _____

Phone: _____ **Fax:** _____

School's street address: _____

City/State/Zip: _____

Name of school district: _____

We will travel by: Bus: _____ **No. of buses:** _____ **Other (specify):** _____

Choose your performance(s) – \$8.50 per participant* (please list 1st and 2nd choice)

☺ Tuesday, Apr. 13, 2010 at 10:00 a.m.

☺ Tuesday, Apr. 13, 2010 at 11:30 a.m.

WE WILL MAKE EVERY EFFORT TO ACCOMMODATE YOUR TIME PREFERENCE, BUT CANNOT
GUARANTEE YOUR CHOICE. RESERVATIONS ARE ON A FIRST COME, FIRST SERVE BASIS.
THANK YOU FOR YOUR COOPERATION.

A. Number of regular student seats needed: _____

B. Number of regular teacher/chaperone seats needed _____

C. Number of handicapped seats needed + _____

Total of seats needed (A + B + C) =

x \$8.50 _____

TOTAL COST = _____

(OVER)



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Visiting Artist(s) Request:

Please contact our office to discuss.

___ **Check (enclosed)** ___ **Purchase order (#** _____ **)**
___ **Credit card** (the WP accepts American Express, Discover, MasterCard and Visa)
Card #: _____ **Expiration:** ____/____

SUBMIT FORM VIA:

Fax: (914) 682-3707 Attn: Julia Koo

Mail: Westchester Philharmonic
Attn: Julia Koo, Manager, Operations and Education
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White Plains, NY 10601 SC 29201-3019

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Website: www.westchesterphil.org