

RESERVATION FORM

School _____

Teacher Name (First) _____
(Last) _____

Student Grade Level _____

School Mailing

Address _____

City _____ State _____

Zip _____

Phone (____) _____ Fax(____) _____

Email Address (Required) _____

Total # of Students _____ Total Teachers/Aides _____ Addi-
tional Parents _____

Please list any special seating requirements:

Do you require wheelchair seating? _____
How many? _____

Please list any other special needs your students may have in
regards to seating _____

I would like to make a reservation for the following
performances:

Show Name _____

Date _____ Time _____

Show Name _____

Date _____ Time _____

Show Name _____

Date _____ Time _____

Mail completed form to:
Paramount Arts Center
1300 Winchester Ave.
Ashland, KY 41101

OR Fax to 606.324.1233

For questions please contact the Director of Education and
Outreach,
Melanie Cornelison at 606.324.3175 x 311 or
Melanie@paramountartscenter.com