## 23-24 STUDENT MATINEE & TEACHER WORKSHOP ORDER FORM

**MAIL TO** 

**LIED CENTER TICKET OFFICE** P.O. BOX 880157

LINCOLN, NE 68588-0151

**DROP OFF** 

**LIED CENTER TICKET OFFICE** 301 N 12TH ST.

LINCOLN, NE 68588-0151

CONTACT NAME							SCHOOL/ORGANIZATION													
CONTACT	ADDF	RESS	5																	
CITY								STATE ZIP												
PHONE													E	MAIL						
ssigned to yo dmission. The	or student gel e Liec e per	dent roup I Cer son I	. Stu iter d isted	uden does d on	s is re t mat not p	equir tinee prov order	red; tick ide r for	cets c trans m wi	will are por th	not re tation	efun n. If	idal a p	ind ole. oerf	ATS ACROSS NE dividual tickets. . All attendees formance is ca eduling informa	Ushers (includi ncelled,	will on ng cl	assist yo haperor whateve	nes and beer reason,	us drivers	) must po
<b>JAKE</b> THU, OCT	Sł	 -  /	- M <i>A</i>	۸B	Uk									RAINE				4		
NUMBER OF STUDENTS														NUMBER OF STUDENTS						
GRADE	2	3	4	5	6	7	8	9	10	0 11	12	2		GRADE	PRE	<b>(</b>	K	1	2	3
Number of Students Needing:  WHEELCHAIR LISTENING SIGN LANGUAGE FOR AN ASSISTANT OR COMPANION.					т			WHEELCHAIR   LISTEINING   SIGN LANGUAGE   FOD AN				assistan								
To help coordi needs, please information be	comp			9 [		nber (		KETS		IPANK				To help coording needs, please information be	complete	parkii the	١   ١	lumber of		
Number of BUSES				Number of ADULT PAID TICKETS							Number of <b>BUSES</b>				Number of ADULT PAID TICKETS					
BUS SIZE number of seats				TOTAL NUMBER OF PAID TICKETS							BUS SIZE number of seats				OTAL NUM OF PAID TIC					
ARRIVAL TIME			PRICE PER TICKET x \$ 5.00							ARRIVAL TIME			F	PRICE PER TICKET X						
Plan to arrive <b>minutes</b> befo				art.	T	<b>D</b> 1	A	L		\$				Plan to arrive o			start.	<b>TOTA</b>	L	\$
<b>Groups of 10 or more</b> qualify for complimentary adult tickets. Limit of 2					Additional adult 1 ticket complimentary 2 tickets							for complimentary adult tickets.				Additional adult complimentary tickets needed: 1 ticket 2 tickets				

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### STUDENT MATINEES

DRUM	SHOW WAY THE MUSICAL																
THU, MAR	7, 2024	10:30 A	М				WED, MAR	R 27, 2	2024	10:3	30 AM						
NUMBER OF STUDENTS							NUMBER OF STUDENTS										
GRADE	7	8	9	10	11	12	GRADE	3	4	5	6	7	8	9	10	11	12
Number of Stud	lents Nee	ding:	·		·		Number of Stu	dents	Neec	ding:							
WHEELCHAIR SEATING			EDDDETED/C)		EXTRA SEATING FOR AN ASSISTANT OR COMPANION		WHEELCHAIR SEATING					GN LANGUAGE TERPRETER(S)		EXTRA SEATING FOR AN ASSISTANT OR COMPANION			
To help coording needs, please coinformation below	omplete th	arking ne	Number STUDEN Number ADULT I	of			To help coordin needs, please of information belo Number of <b>BUSES</b>	comple	us pa	rking e		Numb	NT TI				
BUS SIZE number of seats		TOTAL NUMBER OF PAID TICKETS				BUS SIZE number of se	BUS SIZE number of seats				TOTAL NUMBER OF PAID TICKETS						
ARRIVAL TIME			PRICE PER TICKET			x \$ 5.00	ARRIVAL TI	ARRIVAL TIME			PRICE PER TICKET				x \$ 8	5.00	
Plan to arrive at <b>minutes</b> before		/s start.	TO	<b>TA</b>	L	\$	Plan to arrive a <b>minutes</b> befor			's sta	rt.	TO	TA	L		\$	
<b>Groups of 10 or more</b> qualify for complimentary adult tickets. Limit of 2			Addition complim tickets ne	entary	· H	<b>Groups of 10 or more</b> qualify for complimentary adult tickets. Limit of 2				´   (	Additional adult						

# FIELD TRIP FUNDING OPPORTUNITY

You may be eligible for field trip funding through Nebraska Arts Council's School Bus for the Arts grant.

LEARN MORE: ArtsCouncil.Nebraska.gov | 402.595.2122

### **TEACHER WORKSHOP**

CREATE	JULY	<sup>*</sup> 11 - 14,	2023	LED	CENTER
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Check here to receive more info about CREATE - the arts integration summer institute for K-12 teachers taught by Kennedy Teaching Artists.

QUESTIONS ABOUT THIS FORM:

**GINGER DZERK** 

BOX OFFICE MANAGER 402.472.4747 | DZERK@UNL.EDU QUESTIONS ABOUT THE PROGRAMS:

**NANCY ENGEN-WEDIN** 

402-472-4707

NENGENWEDIN2@UNL.EDU

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### **CHECK OUT**

TOTAL COST OF ALL STUDENT MATINEE TICKETS	\$	
TOTAL NUMBER OF ALL FREE VIRTUAL MATINEE TICKETS		
PAY BY CHECK PAYABLE TO UNIVERSITY OF N In the event your check is unpaid for insuffi		nt your check electronically.
PAY BY CARD		
NAME AS SHOWN ON CREDIT CARD		
AMERICAN EXPRESS VISA MASTERO	CARD DISCOVER	
CARD HOLDER'S SIGNATURE		
CARD BILLING ADDRESS		
CITY STATE Z	IP	
CARD NUMBER		EXP DATE
OFFICE USE ONLY	1	
DATE RECEIVED	DATE P	AID
		I

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