

**Yes, please bring**  
**DEVON'S HURT**  
to our school

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail \_\_\_\_\_ Fax: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(including zip code)

Please indicate the number of performances you would like to schedule

Dates: Please indicate your 1st, 2nd and 3rd choices of performance dates.



	day	date	time(s)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Available  
**March 6 - May 13**  
**Tuesday and**  
**Thursdays**

***MORNINGS***  
***ONLY***

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
date