



The Historic Tennessee Theatre Youth Arts Alliance Ticket Application

To encourage cooperative learning, we will accept teachers/organizers either individually or in groups. If you wish to apply as a group, choose one contact to act as your liaison. Please complete and return this form at least fourteen (14) business days before the performance for which you are requesting tickets. Tickets are subject to availability and we may not be able to fulfill all requests.

Name of School/Organization: _____

Name of Principal/Director of organization: _____

School/Organization Address: _____

School/Organization Phone: _____

Name of Contact Teacher/Organizer: _____

Names of Additional Teachers/Organizers: _____

Contact Home Address: _____

Contact E-mail Address: _____

E-mail is the most effective way for us to communicate with teachers and groups.

Would you like to receive weekly electronic newsletters with information about upcoming shows at the Tennessee Theatre?

- Yes, I want to receive
- I already receive
- No, I do not want to receive

How did you find out about this program? _____

Performance for which you are requesting tickets: _____

You may only request one performance per application.

Date of Performance: _____

Number of students and chaperones: _____

School Subject/Class: _____

Grade/Age group: _____

Have you ever applied for tickets through the Tennessee Theatre Youth Arts Alliance? *Circle one:* Yes No

If "yes," when, what performance and how many students did you bring?

If your request is approved, how do you prefer to pick up tickets? (*check one box below*)

Prior to day of show
(Pick up at the Tennessee Theatre Clinch Avenue box office Monday – Friday, 10:00am – 5:00pm)

Day of show
(Pick up at Will Call at the door before the performance. A valid photo ID is required in order to claim tickets.)

Name for Will Call tickets: _____

Do you currently have a theater program at your school/organization? Do you participate in that program?

If you do, describe the class work or any productions from recent years.

Does your school/organization participate in similar educational programs with other theaters or arts organizations? Which ones? Why do you want to add Youth Arts Alliance programming?

If available, would you like study materials for this performance?

Circle one: Yes No

If "yes," how will you incorporate the performance and these support materials into your classroom?

How do you feel your students will benefit from this program?

Without enthusiastic and strongly committed teachers, the Youth Arts Alliance cannot achieve its goals. Please tell us how your particular background and commitment to arts education will contribute to the program.

APPLICATION MUST BE COMPLETE WITH SIGNATURES WHEN SUBMITTED

Teacher/Organizer's Name (please print)

Principal/Director's Name (please print)

Teacher/Organizer's Signature

Principal/Director's Signature

Date of Signature

Date of Signature

PLEASE MAIL, FAX OR EMAIL THIS COMPLETED APPLICATION TO:

The Historic Tennessee Theatre Youth Arts Alliance
Attn: Susan Rodenbeck
604 South Gay Street
Knoxville, Tennessee 37902

Fax: (865) 684-1201 Attention: Susan Rodenbeck

Email: SRodenbeck@tennesseetheatre.com

For more information, please call (865) 684-1143 or (865) 684-1200.

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