

September 8, 2022



THE ORCHESTRA AND YOU

RESERVATION FORM

School _____

School Address _____

Name of school contact person and title _____

Telephone _____ email _____

Student grade level(s) _____

Number of students _____

Your preferred date and time. Please give us three choices.

1st Choice: Date _____ Time _____

2nd Choice: Date _____ Time _____

3rd Choice: Date _____ Time _____

In the space below, please tell us about your specific health and safety protocols so that we can abide by them. We will be bringing a team of 4-6 people.

If your school will be asking for more than one performance, please note that request.

Complete the form and send it to Jeanne Fitzgerald, by email or US mail. Please email to: bjfitz1995@gmail.com or mail to Jeanne Fitzgerald, 54 Montagne Ct., Little Rock, AR 72223