



## Old Academy Players Theater Party Reservation Form

Please return this form and your \$250 deposit check payable to "Old Academy Players" to:

Michelle Moscicki

659 Jamestown St

Philadelphia, PA 19128

YOUR NAME: \_\_\_\_\_ YOUR TELEPHONE NUMBER: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Our organization would like to reserve a Theater Party for the production of:

\_\_\_\_\_ on \_\_\_\_\_

(Name of Production)

(Date)

*We would like to reserve:*

\_\_\_\_\_ The Theater only      \_\_\_\_\_ The Theater and the second floor Club Room.

We will be using the Club Room:

\_\_\_\_\_ For up to one hour before the performance

\_\_\_\_\_ At intermission

\_\_\_\_\_ We're not ready to make a reservation, but I would like to talk with someone from

Old Academy Players for more information. Please call me.

*To confirm this reservation, I have enclosed a deposit in the amount of \$250. I understand if this reservation is cancelled by our group less than 30 days before the scheduled theater party, this deposit is not refundable. However, it may be applied to another production within the current season.*

*I understand that Old Academy Players, Inc. is not responsible for "acts of God" that may cause cancellation of a performance, nor is it responsible for a cancellation due to the illness of a performer.*

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date