



please cut along line

SHOW	DATE	TIME	# CHILDREN	# ADULTS	\$ PER PERSON	50% DEPOSIT	BALANCE DUE	OFFICE USE
<i>Schoolhouse Rock Live</i>	<i>10/24/07</i>	<i>10 am & 12:30 pm</i>	_____	_____	<i>\$6.00</i>	_____	_____	_____
<i>The Wizard of Oz</i>	<i>3/4/08</i>	<i>10 am & 12:30 pm</i>	_____	_____	<i>\$6.00</i>	_____	_____	_____
<i>The Wizard of Oz</i>	<i>3/5/08</i>	<i>10 am & 12:30 pm</i>	_____	_____	<i>\$6.00</i>	_____	_____	_____
<i>The Wizard of Oz</i>	<i>3/6/08</i>	<i>10 am & 12:30 pm</i>	_____	_____	<i>\$6.00</i>	_____	_____	_____
<i>The Wizard of Oz</i>	<i>3/7/08</i>	<i>10 am</i>	_____	_____	<i>\$6.00</i>	_____	_____	_____
<i>Dancin' With The Honey Bees</i>	<i>5/13/08</i>	<i>10 am & 12:30 pm</i>	_____	_____	<i>\$6.00</i>	_____	_____	_____

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SCHOOL

GRADE

TEACHER(S)

SCHOOL ADDRESS

COUNTY

SCHOOL PHONE

PLEASE SEND THIS FORM,
WITH YOUR PAYMENT, TO:

MORRIS MUSEUM
6 NORMANDY HEIGHTS ROAD
MORRISTOWN, NJ 07960
ATTN: CLASSROOM INTERMISSION

Classroom Intermission
Theatre Series
RESERVATION FORM