

2025-2026 Season

Bushnell Children's Theatre (BCT) ~ Serving Pre-K to Grade 12

ORDER FORM AND INVOICE

STEP 1

CONTACT INFORMATION

SCHOOL OR PARENT

CONTACT PERSON

MAILING ADDRESS

CITY

STATE

ZIP

SCHOOL PHONE

CONTACT'S CELL PHONE

E-MAIL

GRADE LEVEL OF STUDENTS:

☐ YES, I'D LIKE TO SUBSCRIBE TO THE BUSHNELL EDUCATOR'S ARTS BULLETIN EMAIL.

STEP 2

SPECIAL SERVICES

Wheelchair accessible seating / How many? _____

Assisted listening device / How many? _____

American Sign Language interpretation / How many? _____

Other / Specify _____

Mobility impaired / How many? _____

STEP 3

| Performance | Date (please circle) | Time (please circle) | No. of Paid Tickets | Price | No. of Free Tickets (1 per 20 purchased) | Total No. of Tickets | Total Due | Amount Enclosed | Balance Due | Final Payment Due |
|---|-------------------------|-------------------------|---------------------------|-------|---|-------------------------|--------------|--------------------|----------------|-------------------------|
| Hispanic Folktales | Thu, Oct 9 | 10am 12pm | | \$12 | | | | | | Sept 25 |
| Pinkalicious | Fri, Oct 24 | 10am 12pm | | \$12 | | | | | | Oct 10 |
| Maddi's Fridge | Mon, Nov 10 | 10am 12pm | | \$12 | | | | | | Oct 27 |
| Stone Soup | Fri, Nov 14 | 10am 12pm | | \$12 | | | | | | Oct 31 |
| George Washington Carver & Friends | Thu, Feb 5 | 10am 12pm | | \$12 | | | | | | Jan 22 |
| Hero, The Boy From Troy | Tue, Mar 3 | 10am 12pm | | \$12 | | | | | | Feb 17 |
| Shaun Boothe: The Unauthorized Biography Series | Thu, Mar 26 | 10am 12pm | | \$12 | | | | | | Mar 12 |
| We Can Do It: A Celebration of Women's History | Fri, Mar 27 | 10am 12pm | | \$12 | | | | | | Mar 13 |
| Cinderella & Jack and the Beanstalk | Tue, May 12 | 10am 12pm | | \$12 | | | | | | Apr 28 |

Please complete page 2 before submitting this form.

STEP 4

PAYMENT

_____ Check enclosed. (Payable to The Bushnell) _____ Credit card
 _____ Charge full amount now. _____ Charge 1st half now and charge balance on due date noted above for each show.

CC# / _____ Exp. _____

SIGNATURE: _____ Billing Zip Code: _____

Please make a copy of this form to keep for your records.

STEP 5

Office use only

Account # _____

Date Received _____

Total Amount Due _____

Deposit Amount _____

Amount Balance Due _____

Date Paid in Full _____

STEP 6

Contact Us

If you have questions when completing this order form, please contact (860) 987-6052 or groups@bushnell.org.

Make checks payable to The Bushnell. Mail this form with your payment to:

The Bushnell Children's Theatre
 166 Capitol Avenue
 Hartford, CT 06106-1621

**Refunds not available
 All programming subject to change.**

For more information:
www.bushnell.org

THE
BUSHNELL