

The New Victorysm Theater School Membership Program 2002-2003

Dear Teachers,

With the new season approaching, we are preparing for some very exciting changes! The New Victorysm Theater School Membership Program is expanding to serve more of your school's and classroom's needs. The basic membership is still available, but the benefits have multiplied. **Please read the information below, which**

School Membership

For a \$100 membership fee your school receives access to:

- 1. \$2.00 Tickets for students and free tickets for chaperones.**
- 2. Production specific Teacher Workshops throughout the year scheduled two to four weeks prior to each production.**
- 3. SchoolTool supplements available for each ticketed performance**
- 4. The option to become a Classroom Member (please read below)**

Classroom Membership

In addition to your School Membership, individual teachers have the option of becoming a Classroom Member. For a \$50 fee from each classroom within the Member School, teachers will receive:

- 1. Access to two (2) on-site workshops (45 minute- 1 hour) from The New Victory Education staff. Workshop content will be based on the themes and genre of the production with connections to the NYS BOE Standards. Schedules will be coordinated with the teacher after the performance has been ticketed.**
- 2. The Classroom Member Teacher will also receive automatically be enrolled in The New Victory Family Membership Program.**

Classroom visits are only available for a ticketed performance. Registration will be done on a first-come, first-served basis, with limited spaces available. Please note: School Membership does not guarantee a Classroom Membership.

***Payment for Classroom Membership will ONLY be accepted if an on-site visit for the ticketed performance is confirmed through the Education Department.
DO NOT SEND CLASSROOM PAYMENT WITH SCHOOL MEMBERSHIP PAYMENT!***

explains the additions and changes to membership.

School Membership Registration Form

Please fill out ALL of the information below. The School Membership Application **MUST** include the \$100.00 membership fee. **Applications WILL NOT be processed without this fee.**

School Name:	
School Address:	
School City/State:	School Postal Code:
School Phone:	
School FAX:	
School District:	
Principal Name:	
PTA President Name:	
Contact Teacher Name:	
Contact Teacher Home Address:	
Contact Teacher City/State:	Contact Teacher Postal Code:
Contact Teacher Home Phone (and Summer Phone if applicable):	
Contact Teacher Email Address (if applicable):	

Are you interested in becoming a Classroom Member? (Please circle one)	Yes
No	
If yes, would you prefer:	
<input type="checkbox"/> two workshops before a performance	
<input type="checkbox"/> one workshop before a performance and one workshop after	
<input type="checkbox"/> either	

Please fill out reverse side

Please list the other teachers in your school who will be participating in the School Membership Program during the 2002-2003 school year. Remember, if you do not send us home addresses, we have no way to contact these teachers over the summer!

Member Teacher Name:

Member Teacher Address:

Member Teacher City/State:

Member Teacher Postal Code:

Member Teacher Home Phone:

Member Teacher Email Address:

Are you interested in becoming a Classroom Member? (Please circle one) Yes No

Member Teacher Name:

Member Teacher Address:

Member Teacher City/State:

Member Teacher Postal Code:

Member Teacher Home Phone:

Member Teacher Email Address:

Are you interested in becoming a Classroom Member? (Please circle one) Yes No

Member Teacher Name:

Member Teacher Address:

Member Teacher City/State:

Member Teacher Postal Code:

Member Teacher Home Phone:

Member Teacher Email Address:

Are you interested in becoming a Classroom Member? (Please circle one) Yes No

Attach additional pages if necessary