

CALIFORNIA WEEKLY EXPLORER, INC.
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 FAX (714)247-2254
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 website: www.californiaweekly.com



Enter your preferred dates:

1st Choice: _____

2nd Choice: _____

INSTRUCTIONS

- ◆ Fill out both sides of this form and sign at the "X".
- ◆ Select first and second choice dates and write them in the upper right hand corner. If ordering after **May 15, 2008**, you will need to call our offices at (714) 247-2250 for available dates.
- ◆ FAX or Mail form to our offices using the above information. All forms received are date stamped and are processed on a first come, first serve basis.
- ◆ You can save \$25 off the price of each program by scheduling presentations on dates prior to January 1, 2009.
- ◆ Save on travel fees by scheduling two programs on the same date. You also save \$25 on the price of the 2nd program on that same date.
- ◆ Deduct 5% from total charges only when check for payment in full accompanies this order form.

SCHOOL: _____ DISTRICT: _____

MAILING ADDRESS: _____

CITY: _____, CALIFORNIA ZIP: _____

SCHOOL LOCATION ADDRESS (IF DIFFERENT THAN ABOVE): _____

SCHOOL PHONE: (____) _____ EXT ____ SCHOOL FAX (____) _____ ALT/CELL (____) _____

*EMAIL _____ ORDERED BY: _____ TITLE: _____
 (PROVIDE BILLING INFORMATION ON REVERSE SIDE OR SECOND PAGE)

HAS YOUR SCHOOL/ORGANIZATION HAD THE PRESENTATIONS BEFORE?: _____

HAS YOUR GRADE LEVEL HAD THE PRESENTATIONS BEFORE?: _____

FALL PRICES—for programs presented on dates in October through December 2008: \$290 for first program each day; \$265 for the 2nd program on same day. *These are discounted prices for programs paid by date of program.*

How many programs?	Give first and second choice dates in box at top right (No more than 35 students per program.)	
____ CALIFORNIA	(\$290 first - \$265 second; \$290 third - \$265 fourth, etc.)	= \$ _____
____ REVOLUTION	(\$290 first - \$265 second; \$290 third - \$265 fourth, etc.)	= \$ _____
____ ANCIENT WORLD	(\$290 first - \$265 second, \$290 third - \$265 fourth, etc.)	= \$ _____

SPRING PRICES—for programs presented on dates in January through June 2009: \$315 for first program each day; \$290 for the 2nd program on same day. *These are discounted prices for programs paid by date of program.*

How many programs?	Give first and second choice dates in box at top right (No more than 35 students per program)	
____ CALIFORNIA	(\$315 first - \$290 second; \$315 third - \$290 fourth, etc.)	= \$ _____
____ REVOLUTION	(\$315 first - \$290 second; \$315 third - \$290 fourth, etc.)	= \$ _____
____ ANCIENT WORLD	(\$315 first - \$290 second, \$315 third - \$290 fourth, etc.)	= \$ _____

Please provide the name, the title, and signature of participating teacher, principal, or school secretary who will be responsible for receiving and distributing teacher prep booklets to scheduled teachers during the 2008-2009 school year. *Booklets will not be sent to PTA personnel.*

 Name (please print)

 Signature

 Title

ADVANCE PAY DISCOUNT 5% IF CHECK IS ENCLOSED & RETURNED WITH RESERVATION FORM

Total of Above	\$ _____
Travel Fees (from chart)	\$ _____
Sub-Total	\$ _____
	(\$ _____)
TOTAL COST:	\$ _____

ADD 10% IF PAID PAST DATE OF PRESENTATION \$ _____

Please fill in first and second pages- If you return by FAX, include both pages

Authorization and Billing Information

Please provide the following information to ensure we invoice the PROPER DEPARTMENT AND/OR ORGANIZATION for the programs reserved on page 1. Please do not use teachers for billing unless they are personally paying for the presentations.

- ① The invoice for these programs will be paid by:
 school district local school
 parent organization other: _____

- ② Send invoice to:
Attention _____
Organization or department: _____

Address: _____

City: _____ ZIP _____

- ③ If district requires purchase order:
 not needed for this will be sent later
 Purchase Order #: _____

④ **PAYMENT DATE:**

Payment is due by date of presentation. Prices shown on reservation form include the standard 10% discount. Payments made after the due date will be for the non-discounted price. Please indicate when you intend to pay:

- mailed by date of program
 after date of program and will be paying the 10% higher, non-discounted price.
 enclosed with this order (deduct 5% more from discounted price.)

Please fill in all information and sign below in order for us to process your reservation.

CONDITIONS

1. Each program is limited to a **maximum of 35** student participants.
2. **Cancellations and changes may be made up to 60 days prior** to scheduled presentations. If any cancellations and changes are made less than 60 days prior to scheduled presentations, you will be responsible for the **payment in full** of the original invoice and any other applicable change fees.
3. Person(s) placing the order will receive a confirmation form and **one** teacher preparation booklet per presentation to distribute to each teacher. **Replacement for each lost booklet is \$15.**
4. We **cannot** present programs to 5th or 6th grade classes if students are not prepared to participate in the program according to the teacher preparation booklet instructions. Since this date is reserved for your school, it is necessary for the invoice to be paid even if the program is not presented for this reason.
5. All programs and their contents are protected by registered copyright; no license or permission is granted to individuals or organizations to use any included material beyond the scope of each of the performances. **Only certain portions of each presentation are allowed to be videotaped. Please check with your school's policy regarding the videotaping of students. The presenter may ask for the videotaping to stop at anytime during the presentation.** Still photography is permitted.

Authorization

I authorize the reservation of the programs listed on the front of this form according to the conditions and payment terms above.

X _____

Title: _____ Date: _____

If your school or organization has special purchasing, contract, or billing requirements, please contact us. Should you have any questions or concerns, please call **(714) 247-2250**

Mail or FAX **both pages** to **(714) 247-2254**.

Make a copy of this form for your records