

DCT Reservations for Virtual Theater Field Trip

Complete this form to request reservations for Virtual Theater Field Trip performances or access to other DCT offerings. Open only to Pre-K/K-12 educational groups.

Questions? Contact Joanna Coogan Field Trip Coordinator, at fieldtrips@dct.org or call 214-978-0120.



I am seeking a Digital Access Pass for: *

Group Lead Name: *

First Name



Last Name

Group Lead Email: *

DCT emails confirmation, invoices, receipt, reminders, and production information to this address. The Group Lead is responsible for forwarding the invoice if payment will be issued by secretary/district/other party.

Grade level/age group (check all that apply): *

☐ Pre-K ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ High School

Please indicate your role in this educational organization: *

☐ Teacher ☐ Principal/Director ☐ Secretary ☐ PTA Representative ☐ Other

School Name: *

School District: *

School Phone: *

School Mailing Address: *

Address Line 1

Address Line 2

City

State

ZIP Code

Type of school: *

- ☐ Elementary School
- ☐ Middle/Junior High School
- ☐ High School
- ☐ K-8
- ☐ K-12
- ☐ Preschool
- ☐ Daycare
- ☐ Homeschool
- ☐ Other:

What form of payment will you be using? *

- ☐ Card
- ☐ Check
- ☐ PO Number
- ☐ Learning Partners

Number, if available (We will call you to get a credit card if you choose that method of payment)

Please provide number of classrooms, distinct locations or the number of different times you will be streaming your selection?: *

Why do we need this information? Each classroom will need an individual password to access the content. To make this process as easy as possible for your students, we will use the teacher's last name as part of the password for the students to use. Providing direct contact information for each teacher allows us to better respond to them promptly should they need to call in for helpdesk support. The group leader will still act as the representative for the school.

Do you want all login materials distributed to each individual teacher in charge of each location versus being sent just to you?: *

- ☐ Yes
- ☐ No

Required Acknowledgements:

☐ I understand that I am not authorized to share, download, or distribute links provided to parties outside of my classroom community.

☐ Payment is due one week prior to performance. I will not receive information about how to access the performance until payment is processed.

☐ This Digital Access Pass form is not a guarantee of a reservation. If I do not receive confirmation from DCT within one week, it is my responsibility reach out to fieldtrips@dct.org.

☐ All sales are final. DCT does not provide refunds or exchanges if anyone is absent on the day of performance. DCT does not provide refunds or exchanges if my school group does not access the performance on the designated dates.

Reservation & payment acknowledgement: *

- ☐ Yes

Please select one of the following: *

- ☐ I certify that my school is registered with the Department of Education of the state where my school is located.
- ☐ I represent an educational group that does not meet either of the above requirements.

Is there any additional information that may help DCT accommodate your request?:

If you do not receive an email confirmation of this request, please email fieldtrips@dct.org to ensure your request went through. In order to be sure that you receive all communications related to this request, be sure you add fieldtrips@dct.org to your contact list to ensure delivery to your inbox. If you are unable to find the e-mail, please check your spam and junk folders.

Confirmation acknowledgement: *

☐ Yes

Submit Form