



INTERNATIONAL THESPIAN SOCIETY

HONORING STUDENT ACHIEVEMENT IN THEATRE

Educational Theatre Association
PO Box 645084
Cincinnati, OH 45264-5084
Fax: 513.421.7055
Phone: 513.421.3900

High School Thespian Replacement Card and Certificate Order Form 2016-2017

Type or print legibly. Black ink only.

Troupe number School name

Troupe director: Prefix First name M.I. Last name

School address

City St./Pr. Zip or postal code

Country School phone

Preferred troupe email required (monitored regularly by troupe director)

If an inductee's original credentials included errors, the troupe director should log in to the troupe's homepage to correct the inductee's member profile, note the member ID, and write the correct spelling and ID below. Also use this form if an inductee's certificate and/or card are lost or damaged. The order will not be accepted if an individual has not been previously registered at the National Office. Replacement credentials will be mailed to the troupe director. Please allow three weeks for processing. Fees are in effect from August 1, 2016 through July 31, 2017 and are non-refundable.

Student's name	Grad year	Member ID number	Certificate	Card
1. Name: First <input type="text"/> Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Name: First <input type="text"/> Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Name: First <input type="text"/> Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Name: First <input type="text"/> Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Name: First <input type="text"/> Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Name: First <input type="text"/> Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Name: First <input type="text"/> Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Name: First <input type="text"/> Last <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

_____ Certificates at \$3.00 each \$ _____

_____ Cards at \$5.00 each \$ _____

Total = \$ _____

Check or money order enclosed (please submit only one check or money order per school)

School purchase order document enclosed. (P.O. number and administrator's signature required.)

Charge my: Visa MasterCard Diners Club American Express

_____ Do NOT adjust P.O. amount.

_____ Do NOT adjust credit card amount.

Name on card

Signature

Credit card billing address

Account number

Expiration date

CID/Card code
(Amex 4-digits; all others 3)