

Fall Season Group Sales Contract 2019

For Details, Contact:

Claire Erickson, Box Office Manager, ext. 107 (April – Oct.)
 Ann Birnschein, Marketing Manager, ext. 104
 Phone: 920-854-6117
 Email: boxoffice@northernskytheater.com



NORTHERN SKY
theater

Date/Time: _____

Show Title: *Dad's Season Tickets*

Tickets (Commercial Groups add two (2) free tickets for your driver & guide)

TYPE	PRICE	QTY	TOTAL \$	Office Use Only
ADULT	\$30.00			
STUDENT (Under 5 Free)	\$17.00			
For <u>Commercial Group</u> only:		0 1 2 (circle)	Complimentary	
TOTAL # of TICKETS:				
		5.5% Sales Tax:		
		Tax Exempt #: _____		
		TOTAL \$ Amount DUE: <i>Flexible payment plans available.</i>		
		10% Deposit Due Now (20% groups over 75):		

Remaining BALANCE DUE NO LATER THAN 30 Days prior to performance
 (If FULL PAYMENT is not received 15 days prior, tickets *may* be released. Group Reservations made less than 15 days prior to performance require Payment in Full at time of reservation.)

Payment Type: (*circle one*) Check # _____ Credit Card CVC# _____

Credit Card Number _____ Exp. _____

Name as it appears on card (*please print*): _____

Billing Address: _____

I have read all enclosed material regarding Northern Sky Theater Group Sales and Policies and I agree to all terms and conditions thereof.

Signed: _____ **Date:** _____

Contact Name: _____ **Group:** _____

Email: _____ **Phone:** _____

Other Contact Info: _____

Northern Sky Theater P O Box 273 Fish Creek, WI 54212	Phone: (920) 854-6117 Fax: (920) 854-9106 Website: www.NorthernSkyTheater.com
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Please make a copy of this Contract for your records.