

6thStreetPlayhouse

GROUP SALES

Organization/Group: _____

Group Leader (point of contact): _____

Contact Phone: _____

Contact Email: _____

Show Title: _____

Performance Date & Time: _____

Handicapped Seating Required How Many: _____

Estimated Headcount: _____ Ticket Delivery: Pick-Up *US Mail

*Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Date of Request: _____