

INDOOR Summer Season

Group Sales Contract 2023

Date _____

SHOW INFORMATION

Date/Time: _____

Show Title: *Guys on Ice* *Guys & Does*



NORTHERN SKY
THEATER

www.NorthernSkyTheater.com

GROUP DETAILS

Group Name: _____ Contact Person: _____

Address: _____ City/ST/Zip: _____

Email: _____ Office Phone: _____

Cell phone (for show day contact person): _____

TICKET TYPE	GROUP PRICE	QUANTITY	TOTAL \$	Office Use Only
* ADULT	\$34.00			
* STUDENT (Ages 13 - College)	\$20.00	+		
For Commercial Groups only:		+ 1 2 (circle)	Complimentary	
TOTAL # OF TICKETS =				
Add 5.5% Sales Tax:				
or Tax Exempt # _____				
TOTAL \$ Amount DUE:				
10% Deposit Due Now: (20% for groups over 75) (non-refundable)				
Balance Due (14 days prior to show)				

PAYMENT INFORMATION

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

Signature _____

Printed Name _____

Date _____

Remaining balance due no later than 14 days prior to performance. (If payment is not made, tickets may be released. Group Reservations made less than 14 days prior to performance require Payment in Full at time of reservation.

Northern Sky Theater | 9058 County Road A | Fish Creek, WI 54212 | (920) 633-3225 | boxoffice@northernskytheater.com