

INDOOR Fall Season
Group Sales Contract 2024

Date _____

SHOW INFORMATION

Date/Time: _____

Show Title: _____



NORTHERN SKY
T H E A T E R

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	\$35.00			
* STUDENT	\$22.00	+		
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.*