

# INDOOR Summer Season

## Group Sales Contract 2024

Date \_\_\_\_\_

### SHOW INFORMATION

Date/Time: \_\_\_\_\_

Show Title: \_\_\_\_\_



**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	\$35.00			
* STUDENT (Ages 13 - College)	\$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.

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