

OUTDOOR Summer 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 | \$32.00 | | | |
| STUDENT (Teen & College) | \$22.00 | + | | |
| CHILD (Ages 3-12) | \$17.00 | + | | |
| For Commercial Group only: | | + 1 2 (circle) | Complimentary | |
| TOTAL # OF TICKETS | | = | | |
| Add 5.5% Sales Tax: | | | | |
| or Tax Exempt # _____ | | | | |
| Add Park Fee of \$1.50 per Ticket | | | | |
| TOTAL \$ Amount DUE: | | | | |
| 10% Non Refundable Deposit Due Now (20% for groups over 75): | | | | |
| 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.