

# OUTDOOR Summer Season

## Group Sales Contract 2026

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	\$34.00			
STUDENT (Teen & College)	\$24.00	+		
CHILD (Ages 3-12)	\$19.00	+		
For Commercial Group only:		+ 1 2 (circle)	Complimentary	
TOTAL # OF TICKETS		=		
Add 5.5% Sales Tax:				
or Tax Exempt # _____				
Add WI DNR Fee of \$2.00 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.