

GROUP SALES TICKET ORDER 2011-2012

NAME OF GROUP _____ ACCOUNT # _____

NAME OF CONTACT _____ PHONE 1 _____

EMAIL: _____

DATE FAXED: _____

AAL Special Requests:

AAL Packages# of packages _____

Single Ticket Orders

Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....

Notes/SPEC. REQ. (aisle, H/C):

Lunch/buffet orders

Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....
 Performance _____ date/time..... # of Tix.....

NOTES/SPEC. REQ. (gluten free, etc)

Please print, fill out, and fax back to:
727-791-6020

Or mail back to
Ruth Eckerd Hall
ATTN: Group Sales
1111 McMullen Booth Rd
Clearwater, FL 33759

MUST COLLECT 10% DEPOSIT

*Check for \$..... made payable to *Ruth Eckerd Hall* is enclosed

*Charge \$..... to my (circle one): **Vise MC AMEX DSC**

CC: _____

Exp Date: _____

Name on Card: _____

INTERNAL USE:

QUE #: _____ Rec. By: _____ Rec. Date: _____ Rec. Time: _____

