



GROUP SERVICES ORDER CONFIRMATION

Today's Date: _____ Account Number: _____

Group Contact: _____ Group Organization: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

EVENT: _____ DATE/TIME: _____

OF TICKETS RESERVED: _____

GROUP PRICE PER TICKET: _____

SEAT LOCATION(S):
SECTION: _____

ROW: _____

SEATS: _____

PROCESSING FEE: \$5

PAYMENT DUE: _____

PAYMENT: VISA MC DSC CASH

CREDIT CARD #: _____ EXP: _____

Thank you for your group order of tickets. If you have any questions or would like me to add more seats to your reservation, please do not hesitate to contact me!

Skylar Lewis
Box Office Manager | s.lewis@creventslive.com

P1: _____ P2: _____ P3: _____ P4: _____ P5: _____ P6: _____