



GROUP NAME: _____ GROUP LEADER: _____
ACCT: _____ DAY PHONE: _____
SHOW: _____ EVE PHONE: _____
DATE: _____ TIME: _____

GROUP MEMBER INFORMATION

SEATING LOCATION

NAME	SECTION	ROW	SEATS
<i>Example: John and Brenda Smith</i>	<i>Balc 8</i>	<i>K</i>	<i>1-2</i>

Make as many copies of this form as needed to record all group members.

If you will be distributing your tickets to group members before coming to the show, use this form to record the names and seat locations of your group members. Please fax it back to 612-339-3909 or bring it with you to the performance. In the event that a group member misplaces their tickets, we can easily reprint the tickets issued to the individual, as everyone must have a ticket to enter the theatre.