Group Sales Reservation Form

Group/Organization Name: ____________________________________________________________

Contact Person: ___________________________________________________________________

Type of Group: ____________________________________________________________________

Address: _________________________________________________________________________

City: _______________________________ State: __________ Zip: __________________________

Day Phone: ____________________Eve. Phone: ________________ Cell Phone: ________________

Fax Number: ___________________ Email address: ____________________________________

I would like to reserve group seats for the following performance(s):

- _____________________________________________________________________________ Preferred Section __________ Approximate #: __________
- _____________________________________________________________________________ Preferred Section __________ Approximate #: __________
- _____________________________________________________________________________ Preferred Section __________ Approximate #: __________

Is your group interested in renting a facility space at the Center? Yes ___ No ___

Would you like information on the Center’s free guided tour? Yes ___ No ___

Please select all that apply:

☐ My group will arrive by coach or bus
  If so, how many buses? __________

☐ Wheelchair Accessible Seats
  If so, how many people are in wheelchairs? __________

☐ Assisted Listening Devices
  If so, how many devices? __________

☐ Valet Parking

Thank you for completing this form. Placing your group order as early as possible is an excellent way to ensure great seating!

Submit Reservation
Email: Group@TheCenterPresents.org
Fax: 317.660.3374
Mail:
  Audience Development Coordinator
  The Center for the Performing Arts
  One Center Green
  Carmel, IN 46032