

13350 Edison Parkway, Fort Myers Florida 33919

For more information: www.bbmannpah.com

Group Sales Contract

Lois Soscia, Group Sales Manager

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Original? Y		Revision#	
Date:			
Select Account #:			
Contracting Organization:			
Name:		Phone:	
Address:		Fax:	
City:		# of Buses	Special Needs Seating?
State/Zip:		EMAIL:	

SHOW:	Day/Date:	TIME:
First Choice Seat Location:		

tix @ \$/ ticket includes 6% sales tax and \$1.25 service fee/Ticket

Buyer Type # of Tickets = Sub total

Optional Priority Mail-\$7.00

Total Amount of Group Order

Deposit:	2nd Payment	3rd Payment	Final Payment
Date due:	Date Due:	Date Due:	Date Due:

TERMS OF AGREEMENT

Groups require a minimum **20** or more people attending the same performance day & time.
 To **reserve** seats a signed copy of the contract and minimum deposit of 25% is required.
 Balance to be paid monthly at not less than 25% of full contract amount, total number of payments not to exceed 90 days.
Final payment is due 90 days from the date of deposit or 60 days prior to the show, whichever comes first.
 Number of tickets may be increased prior to final payment. These are subject to availability and may not be added after final payment.
 If required minimum number of tickets is not met then, the discount will not apply and tickets will revert to full price.
 Group tickets may not be exchanged for another performance and are non-refundable.
 Deposits are non-refundable and may not be applied to another show, except for cancelled performances. Deposit amount will be applied to the purchase price of reserved seating at full ticket price if group minimum and final payment deadlines are not met. BBMANN reserves the right to impose a 10% penalty charge of the full contract amount for any late or unforeseen cancellations or any group reducing original order by 50 tickets or more.
 Payment may be made in the form of Company Check, Money Order or Major Credit Card. In some cases, a Certified Cashier's Check may be required. Personal checks are not accepted for group payment within 21 days of the performance.
 We understand the terms and conditions of this contract and agree to abide by them.

<input type="text"/>

XXX **Organization Agent**

<input type="text"/>

Barbara B. Mann Performing Arts Hall

CREDIT CARD INFORMATION
Cardholder Name:
Card Number:
Expiration:
Signed:

FOR THEATER USE ONLY
Date Contract Sent:
Date Deposit Received:
Date Final Pay't Received:
Date Tickets Sent/Picked Up

PLEASE SIGN AT THE XXX AND RETURN BY MAIL OR FAX: 239-481-4620