



Group Sales
 221 S. Fourth Street
 Louisville, KY 40202
 Phone: (502) 595-3555
 FAX: (502) 595-3558



GROUP SALES ORDER FORM

All information is required:

Name of Group/Company: _____

Type of Group: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone/Extension: _____ Cell: _____

Email: _____

Event: _____ Event Date: _____ Event Time: _____

Number of Tickets Requested _____ at \$ _____ = \$ _____

Number of Tickets Requested _____ at \$ _____ = \$ _____

Number of Tickets Requested _____ at \$ _____ = \$ _____

Handling Fee \$6.00

Payment circle one: Total Due \$ _____

Cash Check # _____ Money Order # _____ MC VISA AMX DSC

Credit Card Number _____ Exp _____

Name on Card: _____ Signature: _____

For office use only

TYPE: Willcall Mail Deliver Date: _____

ACCN: _____ D Rec: _____ D Fil: _____

Ck By: _____ L: _____