

SHN GROUP SALES ORDER FORM

Group Contact Information

Order Date: _____ Customer #: _____
Group Name: _____
Contact Name: _____
Address _____
City _____ State: _____ Zip: _____
Daytime Phone #: _____
Alt Phone #: _____
Fax #: _____
Email: _____

Have you booked tickets through SHN in the past? Yes: ___ No: ___

SHOW INFORMATION

Show Name: _____
Show Date _____ Day: _____ Show Time: _____
Alternate Date: _____ Day: _____ Show Time: _____

Seat Preference:

Orchestra	Number of Tickets	_____
Loge	Number of Tickets	_____
Mezzanine	Number of Tickets	_____
Balcony	Number of Tickets	_____
Side/Rear Balcony **	Number of Tickets	_____
Student Area *	Number of Tickets	_____
Accessible Seating	Number of Tickets	_____

* If offered - restrictions do apply

** If applicable

Please Note: The best available seats will be provided when booking orders. We will make every effort to accommodate your group's needs. For specific seating requests please call our office directly at **888-SHN-1799**, Monday-Friday 10:00 AM to 5:30 PM.

Comments and Special Request:

You can Fax or Email your order form to:

Fax : 415-581-2121

Email: groupsales@shnsf.com