LESHER CENTER FOR THE ARTS GROUP SALES ORDER FORM

Please use one form for <u>each</u> performance ordered.

School/Group Nam	ie:					
Contact Person:		Phone#				
Address:		City				
Stree	et	City		State	Zi _l)
Email Address:						
SHOW TITLE:						
PERFORMANCE DA	TE:		1st Choice	!		_ 2nd Choice
PERFORMANCE TIME:			1st Choice		2nd Choice	
PLANNED TRANSPO	ORTATION	l : □ Bus		l Carpool		
TO COMPUTE TOTA	L TICKET	PRICE:				
X			=			
# of tickets	Ticket Pri	ce		Total Tick	ket Price	
TO COMPUTE REQU	JIRED (NC	N REFUNDA	ABLE)	DEPOSI	T AMOUN	IT:
	÷	4 (or 25%)	=			_
Total Ticket Price		,		Deposit A	mount	
TO COMPUTE FINA	L PAYMEN	IT AMOUNT:				
	-			=		
Total Ticket Price	(minus)	Deposit An	nount	Fina	al Paymen	t
If paying by check ploods on if paying by credit ca		check out to:	Leshe	r Center fo	or the Arts	3
Credit Card Number#				Exp	CVV	
Signature of Card Holder						

Please return this order form with the <u>non-refundable deposit</u> to Group Sales, 1601 Civic Drive, Walnut Creek, CA94596 or fax to (925) 295-1485. A contract will be sent to the address you provide above to confirm reservation, including final payment information and ticket return policies.

Questions? Phone: (925) 295-1471 Wed.- Sat. between the hours of 1pm – 6pm or Email: GroupTickets@lesherARTScenter.org