

Signature Productions

GROUP TICKET RESERVATION FORM

The Secret Garden

Date: _____ **Company Name:** _____

Contact Name: _____ **Address:** _____

Email Address: _____ **City, State Zip** _____

Contact Number: _____ **Phone:** _____

Number of Tickets (minimum of 20 for a single show)

<input type="checkbox"/> Monday, October 26 - 7:30PM <input type="checkbox"/> Tuesday, October 27 - 7:30PM <input type="checkbox"/> Wednesday, October 28 - 7:30PM <input type="checkbox"/> Thursday, October 29 - 7:30PM <input type="checkbox"/> Saturday, October 31 - 7:30PM <input type="checkbox"/> Tuesday, November 3 - 7:30PM <input type="checkbox"/> Wednesday, November 4 - 7:30PM <input type="checkbox"/> Thursday, November 5 - 7:30PM <input type="checkbox"/> Friday, November 6 - 7:30PM <input type="checkbox"/> Saturday, November 7 - 2:00PM <input type="checkbox"/> Saturday, November 7 - 7:30PM <input type="checkbox"/>	<input type="checkbox"/> Monday, November 9 - 7:30PM <input type="checkbox"/> Tuesday, November 10 - 7:30PM <input type="checkbox"/> Thursday, November 12 - 7:30PM <input type="checkbox"/> Friday, November 13 - 7:30PM <input type="checkbox"/> Saturday, November 14 - 2:00PM <input type="checkbox"/> Saturday, November 14 - 7:30PM <input type="checkbox"/> Tuesday, November 17 - 7:30PM <input type="checkbox"/> Wednesday, November 18 - 7:30PM <input type="checkbox"/> Thursday, November 19 - 7:30PM <input type="checkbox"/> Friday, November 20 - 7:30PM <input type="checkbox"/> Saturday, November 21 - 7:30PM <input type="checkbox"/>
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Total Tickets _____ X \$25.00 = \$ _____

(Ticket count can be adjusted PRIOR to payment)

Seating Requests (if any) - requests are not guaranteed & will be accommodated based on availability

GROUP TICKET PRICING RULES:

Reduced pricing offered for a single purchase of 20 or more tickets for a single show. **Payment must be received in full at least 10 business days prior to show date.** Reservations made within 10 business days of the show date must be paid at the time of reservation. Payment must be in the form of a single check or a single credit card transaction for the full amount. Once paid, all tickets are non-refundable and non-exchangeable. Seat location is at the discretion of Signature Productions. Please direct any questions to Info@SignatureProductions.net or call (702) 878-PLAY after October 1st.

****Note: Reservations are NOT confirmed without a Confirmation # via email or our box office staff****

To make Payment by **Check**, make payable to Signature Productions & mail with form to:
Signature Productions Attn: Group Tickets 3255 N. Mustang Street Las Vegas, NV 89108

To make Payment by **Credit Card**, email completed form to info@signatureproductions.net

Cardholder Name: _____

Billing Address: _____
Address City State Zip Code

Credit Card #: _____

Expiration Date: _____ **CCV# (on back of card):** _____

Signature of Cardholder: _____

Internal Use Only:

Reservation ID _____ Date Received _____ Payment Due By _____ MOP _____