

**Discovery Theater Group Sales Request Form**  
**Return via fax only: 202-343-1073**

Group/School Name: \_\_\_\_\_

Group/School Address: \_\_\_\_\_

\_\_\_\_\_

Business/School Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Emergency Phone/Cell (day of show): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Show Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*list additional performances and/or 2<sup>nd</sup> preference in the notes below**

# Students/Children: \_\_\_\_\_ # Adults: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Credit card number required to HOLD order. Forms without one will not be accepted.**

Security Code (3 digits): \_\_\_\_\_ Name on Card: \_\_\_\_\_

Would you like us to automatically charge the credit card on due date (2-4 weeks before show)?

\_\_\_\_ YES \_\_\_\_ NO (if reserving for 100+ people, credit card will be charged now for a 20% deposit)

**NOTES** (additional shows to book, alternate date/time if requested is not available; grades/ages of students; special needs; accessibility request):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Please allow up to 48 hours from the time of your request to receive confirmation of your order. This request does not guarantee your tickets. Do not assume you have tickets until you are faxed or emailed a confirmation invoice. Your confirmation will include a total price and instructions for payment. Thank you!**