## Discovery Theater Group Sales Request Form (2019-2020) Return via fax only: 202-633-1322

## IMPORTANT! PLEASE READ BEFORE SENDING THIS FORM:

- -We define a group as **10 or more children over the age of 2**. If you have a smaller group, please call us or go online to purchase tickets at the regular price.
- -A credit card number is required on all forms. Requests without a credit card number will not be accepted.
- -Groups of 10-19 children are required to pay in full at the time of reservation. The credit card will be charged upon receipt of your form.
- -Groups of 100 children or more are required to make a 20% deposit via credit card at the time of reservation. The credit card will be charged for the deposit upon receipt of your form.
- -Please use the notes section at the bottom to list additional performances, alternate dates/times, any special needs or interpreter requests that we should be aware of.
- -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. <u>Do not assume you have tickets until you are emailed a confirmation.</u> Your confirmation will include a total price and instructions for payment. **Please call us if you do NOT receive the email confirmation.**

Group/School Name:		
Group/School Address:		
<del></del>	Fax Number:	
Contact Name:		
Contact Email Address:		
Emergency Phone/Cell (day of show):		
Show Name:	Date:	Time:
# Children: # Adults:	Children's Age Range or Gra	ade:
Credit Card #:	Expiration Da	ate:/
Security Code (3 digits):	Name on Card:	
Would you like us to automatically charge the Your card will be charged today if you have less the For all other reservations, the credit card is still re	han 20 children <u>OR</u> if you are reserving for 1	100+ children (20% deposit).
Alternate date/time if 1st choice is not avai	ilable:	
Additional performances to book (dates/ti	imes):	

Any Special Needs? (wheelchairs, interpreter, etc.):