

# THE CENTER FOR THE PERFORMING ARTS

## Group Sales Reservation Form

Group/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_

### I would like to reserve group seats for the following performance(s):

- \_\_\_\_\_ Preferred Section \_\_\_\_\_ Approximate #: \_\_\_\_\_
- \_\_\_\_\_ Preferred Section \_\_\_\_\_ Approximate #: \_\_\_\_\_
- \_\_\_\_\_ Preferred Section \_\_\_\_\_ Approximate #: \_\_\_\_\_

Is your group interested in renting a facility space at the Center? Yes \_\_\_ No \_\_\_

Would you like information on the Center's free guided tour? Yes \_\_\_ No \_\_\_

### Please select all that apply:

- My group will arrive by coach or bus  
If so, how many buses? \_\_\_\_\_
- Wheelchair Accessible Seats  
If so, how many people are in wheelchairs? \_\_\_\_\_
- Assisted Listening Devices  
If so, how many devices? \_\_\_\_\_
- Valet Parking

Thank you for completing this form. Placing your group order as early as possible is an excellent way to ensure great seating!

### Submit Reservation

Email: [Group@TheCenterPresents.org](mailto:Group@TheCenterPresents.org)

Fax: 317.660.3374

Mail:

Audience Development Coordinator  
The Center for the Performing Arts  
One Center Green  
Carmel, IN 46032

