

### GROUP REQUEST FORM

#### 1. Contact Information:

Group Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Apartment/Suite: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov. / State: \_\_\_\_\_  
 Postal / Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

#### 2. Performance Selection:

Show: \_\_\_\_\_  
 Performance Date: \_\_\_\_\_  
 Performance Time: \_\_\_\_\_  
 Number of Tickets: \_\_\_\_\_  
 Price per Ticket: \_\_\_\_\_  
 Seats Requested: \_\_\_\_\_

#### 3. Total Number of:

Adults: \_\_\_\_\_  
 Students: \_\_\_\_\_  
 Seniors: \_\_\_\_\_  
 Children: \_\_\_\_\_  
 Complimentary: \_\_\_\_\_

#### 4. Dinner Packages

(Restrictions may apply)  
 (Based on availability)

Dinner at \_\_\_\_\_  
 Price per meal \_\_\_\_\_  
 Reservation Time \_\_\_\_\_

#### 5. Options

GSI Service Charge (\$5.00 for every 20 Tickets)  
 Express Post (\$5.00)  
 Mail (included with GSI service charge)  
 GSI Pick Up

#### 6. Payment

Final Total: \_\_\_\_\_

#### 7. Comments

**ALL SALES FINAL. NO REFUNDS, EXCHANGES OR CANCELLATIONS**

I authorize GSI to charge my Credit Card.  
 VISA  MASTERCARD  AMEX  OTHER

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_ (MM/YY)

Cardholder Name: \_\_\_\_\_

I will be sending a Cheque or Money Order.  
 I will be coming directly to the GSI main office.

**Group Sales International  
 A Division of CSVGSI Inc.  
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 Toronto, Ontario, M5S 1M2**