



# GROUPS

SAVE.SHARE.EXPERIENCE.

ACCT \_\_\_\_\_  
 DATE REC'D \_\_\_\_\_

## DSM GROUP TICKET ORDER FORM

### GENERAL INFORMATION

ORGANIZATION: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_  
 FAX PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

How did you hear about us? Direct Mail: _____ Previous Customer: _____ DSM Website: _____ Online Ad: _____ Print Ad: _____ Radio: _____ TV: _____ Billboard: _____ Family/Friend: _____ Other: _____
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### TICKET INFORMATION

NAME OF SHOW: \_\_\_\_\_

ONE SHOW ONLY, PLEASE	PERF DATE	PERF TIME	PRICE LEVEL	# OF TICKETS	PRICE PER TICKET	TOTAL (TIX X PRICE)
FIRST CHOICE						
SECOND CHOICE						
PLEASE NOTE THAT PRICE LEVEL ONE SELLS OUT VERY QUICKLY AND MAY NOT BE AVAILABLE.					DEPOSIT (50%)	
					GRAND TOTAL	

### PAYMENT INFORMATION

CHECK/MONEY ORDER # \_\_\_\_\_ Please make checks payable to: Dallas Summer Musicals

MASTERCARD     VISA     DISCOVER     AMERICAN EXPRESS  
 \_\_\_\_\_ EXP. DATE \_\_\_\_\_ / \_\_\_\_\_

SEC. CODE \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_

BILLING ADDRESS (if different than mailing) \_\_\_\_\_

Check here if you do NOT want us to charge your balance, on the date due, to your credit card.

### PLACING AN ORDER

Please complete and mail this order form to Dallas Summer Musicals; Attn: Group Sales; PO Box 710336; Dallas, TX 75371 or, if paying by credit card, fax it to (214) 691-7386.

Group ticket orders are processed on a "date received" basis; for best available seating please order early. Tickets for each show must be ordered separately; please make copies of this order form for each show you wish to attend.