



2017 GROUPS RESERVATION REQUEST

PHONE 617-638-9345 OR 800-933-4255 • FAX 617-638-9447

DEADLINE FOR PRIORITY SEATING: January 6th, 2017

For Office Use:
O#: _____
D: Y N W
R: _____

Patron Number (see address label on reverse side): _____

Contact Name: _____

Group Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Group name as you would like it to appear in the program book: _____

Please provide at least FOUR DATES in order of your preference:

Dates Requested:

1st _____ 3rd _____

2nd _____ 4th _____

Comments _____

Ticket Information (please circle price):

Minimum 25 seats. For additional orders, please copy order form.

Seat Location	Number of Seats		Pre-Season JW Birthday	Queen Latifah	Regular Prices	Film & E.T. Prices	Balcony seating preference (please circle)
Floor		at	\$115	\$150	\$81	\$102	
Floor		at	\$79	\$115	\$61	\$81	
Floor		at		\$85	\$36	\$55	
First Balcony		at	\$59	\$99	\$55	\$70	Side Front Center
First Balcony		at		\$82	\$49	\$61	
Second Balcony		at	\$45	\$65	\$28	\$47	Side Front Center
Second Balcony		at		\$45	\$25	\$38	

TOTAL: _____

Please note we will do our best to accommodate your requests but cannot guarantee seating area.

If members of your group require wheelchair accessible seating, please indicate the number of seats needed _____

Deposit payment information:

Please invoice me for \$200 (use if you are e-mailing the form) I have enclosed a check for \$200

Please charge \$200 to my: Visa Discover MasterCard American Express

Card# _____ Exp. Date _____

Name (as it appears on the card) _____

I would like _____ promotional Pops posters _____ ticket envelopes

I plan to reserve the following function room(s): Higginson North Higginson South Miller

For a: Pre-concert Reception Post-concert Reception

Please confirm your function room with the Event Services Office at (617) 638-9242, after receiving your ticket contract.