



Education Through the Arts

SCHOOL GROUP SALES CONTRACT

SCHOOL AND CONTACT INFORMATION

School Name: _____

Name of School Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

PERFORMANCE AND TICKET INFORMATION

Performance: Operation Lunchline - _____

Date: Thursday, April 26, 2011 Time: 10:30 am

Ticket price: \$6 per student or chaperone Number of Tickets: _____

Do you need any ADA Accessible seats (be specific)? _____

PAYMENT INFORMATION

Total Amount Due: \$ _____

30% Nonrefundable Deposit Due at Signing of Contract: \$ _____

GENERAL SCHOOL SHOW POLICIES

- Payment for deposit and balance must be made in the form of a check payable to the Genesee Theatre. Credit cards are accepted with an additional 3% service fee.
- The Genesee Theatre is unable to reserve tickets without formal contract and deposit. The deposit is payable at the signing of contract.
- Cancellation of ticket order forfeits the 30% deposit.
- Requests for additional tickets must be communicated to the Special Events Manager with payment prior to show day. Additional seating is based on availability and is not guaranteed.
- Full payment must be made prior to show day. Absolutely NO payments accepted the day of the show.
- ADA accommodations are available with notice. Please call the Special Events Manager to make arrangements prior to show day.
- Doors open one hour before the performance. Seating is available on a first-come first-serve basis. Please allow adequate time to arrive at the Theatre and be seated before the start of the performance.
- The bus drop off area is located in the parking lot directly behind the Theatre on the corner of Sheridan Road and Clayton Street.
- Groups entering the Theatre must check in with their school name and will be directed to their seats by a Theatre usher.
- Please remain seated at the conclusion of the performance. Groups will be dismissed in the order they arrived as quickly as possible.

ALL TERMS ACCEPTED AND AGREED

Name: _____

Signature: _____ Date: _____

UPON COMPLETION

Please mail signed copy and deposit to:
 Genesee Theatre
 Attn: Rena Morrow
 203 North Genesee Street
 Waukegan, IL 60085

SCHOOL GROUP SALES CONTACT INFORMATION

Rena Morrow, Special Events Manager
 203 North Genesee Street
 Waukegan, IL 60085
 Phone (847) 406-3152
 Fax (847) 782-2355
rmorrow@genesetheatre.com