



GLOUCESTER STAGE COMPANY

267 East Main Street, Gloucester, MA 01930
www.gloucesterstage.com

2014 GROUP SALES ORDER FORM

Date of Order _____

Group/Organization Name _____

Contact: Last Name _____

First Name _____

Address _____

City _____

State _____

Country _____

Zip _____

Phone (Day) _____

Phone (Evening) _____

Cell Phone _____

E-Mail Address _____

PRODUCTION	Performance Date	# of Tickets	Group Rate Ticket Price	Sub-Total

Sub-Total =

TOTAL =

PAYMENT METHOD

50% Deposit Amount \$ _____

- Check made payable to: Gloucester Stage Company
- Please charge my credit card for this amount: \$ _____

VISA MASTERCARD DISCOVER

Credit Card Number _____ Exp. Date _____

Security Code on Back of Credit Card _____

Name on Credit Card _____

Cardholder's Signature (All Final Ticket Sales are Non-Refundable and Non-Transferable) _____

Billing Address (If Different From Above) _____

TICKET DELIVERY METHOD

- Please Mail the Tickets
- I Will Pick Up the Tickets at the Box Office

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### MAIL, PHONE OR FAX YOUR ORDER

**GLOUCESTER STAGE BOX OFFICE**  
267 EAST MAIN STREET, GLOUCESTER MA 01930

PHONE: (978) 281-4433

FAX: (978) 281-0550

Monday-Friday / 11am – 5pm