Signature Productions GROUP TICKET RESERVATION FORM The Scarlet Pimpernel

| Date: | Company Name: |
|---|--|
| Contact Name: | Address: |
| Email Address: | City, State Zip |
| Contact Number: | Phone: |
| Number of Tickets (minimum of 20 for a single show) | |
| Tuesday, Oct 25 - 7:30PM | Tuesday, Nov 8 - 7:30PM |
| Wednesday, Oct 26 - 7:30PM | Wednesday, Nov 9 - 7:30PM |
| Thursday, Oct 27 - 7:30PM | Thursday, Nov 10 - 7:30PM |
| Saturday, Oct 29 - 7:30PM | Saturday, Nov 12 - 2:00PM |
| Tuesday, Nov 1 - 7:30PM | Saturday, Nov 12 - 7:30PM |
| Wednesday, Nov 2 - 7:30PM | Tuesday, Nov 15 - 7:30PM |
| Thursday, Nov 3 - 7:30PM | Wednesday, Nov 16 - 7:30PM |
| Friday, Nov 4 - 7:30PM | Thursday, Nov 17 - 7:30PM |
| Saturday, Nov 5 - 2:00PM | Friday, Nov 18 - 7:30PM |
| Saturday, Nov 5 - 7:30PM Monday, Nov 7 - 7:30PM | Saturday, Nov 19 - 2:00PM Saturday, Nov 19 - 7:30PM |
| IMONIday, NOV 7 - 7.30FM | Saturday, NOV 19 - 7.30PM |
| Total Tickets (Ticket count can be adjusted PRIOR to payment) Seating Requests (if any) - requests are not guaranteed & will be accommodated based on availability | |
| Reduced pricing offered for a single purchase of 20 or more tickets for a single show. Payment must be received in full at least 10 business days prior to show date. Reservations made within 10 business days of the show date must be paid at the time of reservation. Payment must be in the form of a single check or a single credit card transaction for the full amount. Once paid, all tickets are non-refundable and non-exchangeable. Seat location is at the discretion of Signature Productions. Please direct any questions to Info@SignatureProductions.net or after Oct 1st call (702) 878-7529. **Note: Reservations are NOT confirmed without a Confirmation # via email or our box office staff** | |
| To make Payment by Check , make payable to Signature Productions & mail with form to: Signature Productions Attn: Group Tickets 3255 Mustang Street Las Vegas, NV 89108 | |
| To make Payment by Credit Card , email completed form to info@signatureproductions.net | |
| Cardholder Name: | |
| Billing Address: | |
| Credit Card #: | City State Zip Code |
| Expiration Date:CC | V# (on back of card): |
| Signature of Cardholder: | |
| Internal Use Only: | |
| Reservation ID Date Received | Payment Due By MOP |