



Multi - Group Timed Entry Reservation Form

To make a reservation, fill out this form and return it to groups@fords.org.

Questions can be directed to our group sales line at (800) 899-2367 Mon. – Fri. from 11 a.m.-5 p.m.

All confirmations will be faxed or emailed within 7 business days.

Account # (if known): _____

Company/Tour Operator Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Directions:

- 1.) Please fill in all categories in the chart below.
- 2.) Detailed programming information can be found listed by date and time by visiting our website www.fords.org.
- 3.) Please include THREE date/time options for the group's visit, ranked in order of preference.

| Group Name and State | Date | Time | Programming | Seat Location (only for performances) | # of Adults & Students | # of Seniors |
|----------------------|------|------|-------------|---------------------------------------|------------------------|--------------|
| Name: | 1) | | | | | |
| | 2) | | | | | |
| State: | 3) | | | | | |
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| Name: | 1) | | | | | |
| | 2) | | | | | |
| State: | 3) | | | | | |
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| Name: | 1) | | | | | |
| | 2) | | | | | |
| State: | 3) | | | | | |
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| Name: | 1) | | | | | |
| | 2) | | | | | |
| State: | 3) | | | | | |
| | | | | | | |
| Name: | 1) | | | | | |
| | 2) | | | | | |
| State: | 3) | | | | | |
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Special Needs (Valid only for performances):

- Wheelchair
- Signed Performance: [See schedule.](#)
- Audio-Described Performance: [See schedule.](#)
- Captioned Performance: [See schedule.](#)
- Aisle Seats

Would you like to add a donation to Ford's Theatre Society? Yes No