Dr Phillips Center for the Performing Arts - Group Sales Show Manifest

Group Name _____

Group Leader _____

Show Name _____

Order Number _____

Total number in Group _____

Group Leader contact phone number Day of Show _____

Bus Drop-Off Request Yes or No

Notes _____

Please return completed manifests to
groups@drphillipscenter.org

Guest Name	# of Tickets	Seat Location	Seat Row	Seat Numbers	Special Notes
		Orch/Mezz/Bal			

Group Leader
Signature

Dr Phillips Center Rep
Signature-