



DRURY LANE THEATRE

GROUP THEATRE CONTRACT

Reservation Number 15787

Date Wednesday, August 15, 2018 Date Booked 11/10/2017

Show Cat on a Hot Tin Roof Theatre Time 1:30 PM

Function Lunch/Theatre Meal Time 11:30 AM

Group Name Wheaton Park District

Contact Laura Bessey Phone # (630) 665-1415

Address 208 W. Union Avenue Fax # (630) 260-6438

Wheaton IL 60187-

Number Tickets 39 + 1 at \$50.87 Total Package \$1,983.93

Extra Tickets 0 at \$0.00 Extra Meals 0 at \$0.00 Total Extras \$0.00

Premium Upgrade \$0.00 Upgrade Tax \$0.00 Upgrade Gratuity \$0.00

Total Due on Contract \$1,983.93

Deposit Due Dec 12, 2017 Amount \$200.00 Deposit Pd \$0.00

Final Payment and Meal Counts Due July 25, 2018 Amount \$1,783.93 Final Pd \$0.00

READ THIS SECTION CAREFULLY

A 10% non-refundable/non-transferable deposit and 1 signed copy of this contract are due 14 days from receipt of this contract. **A reservation is not guaranteed unless the deposit is received by the due date** (unless notated Waived). Final payment is due at least 3 weeks prior to the performance. Menu selections and count of each entrée must be given with the final payment. After final payment, 10% of the total number of paid tickets may be returned for a refund up to one week prior to the performance. Meal portions may be reduced to a minimum of 15 and may be refunded up to 48 hours prior to the performance. Any additions made after final payment will be at full price. **Wheelchair requirements must be arranged prior to final payment.**

Signature  Date 11-17-17

E-Mail lbessey@wheatonparks.org

Check Number _____ enclosed for deposit/final payment

Please apply \$ _____ to the following credit card for deposit/final payment

Credit Card Number _____ Exp _____

Receipt of deposit/final payment is acceptance of all Group Sales policies and procedures.

We are unable to make any exceptions in the above policies.

Drury Lane reserves the right to change shows, prices, stars, and/or schedules.

PLEASE KEEP ONE COPY FOR YOUR RECORDS.



DRURY LANE THEATRE

GROUP THEATRE CONTRACT

Reservation Number 15788

Date Wednesday, November 28, 2018 Date Booked 11/10/2017

Show Beauty and the Beast Theatre Time 1:30 PM

Function Lunch/Theatre Meal Time 11:30 AM

Group Name Wheaton Park District

Contact Laura Bessey Phone # (630) 665-1415

Address 208 W. Union Avenue Fax # (630) 260-6438

Wheaton IL 60187-

Number Tickets 39 + 1 at \$56.12 Total Package \$2,188.68

Extra Tickets 0 at \$0.00 Extra Meals 0 at \$0.00 Total Extras \$0.00

Premium Upgrade \$0.00 Upgrade Tax \$0.00 Upgrade Gratuity \$0.00

Total Due on Contract \$2,188.68

Deposit Due Dec 12, 2017 Amount \$220.00 Deposit Pd \$0.00

Final Payment and Meal Counts Due Oct 26, 2018 Amount \$1,968.68 Final Pd \$0.00

READ THIS SECTION CAREFULLY

A 10% non-refundable/non-transferable deposit and 1 signed copy of this contract are due 14 days from receipt of this contract. **A reservation is not guaranteed unless the deposit is received by the due date** (unless notated Waived). Final payment is due at least 3 weeks prior to the performance. Menu selections and count of each entrée must be given with the final payment. After final payment, 10% of the total number of paid tickets may be returned for a refund up to one week prior to the performance. Meal portions may be reduced to a minimum of 15 and may be refunded up to 48 hours prior to the performance. Any additions made after final payment will be at full price. **Wheelchair requirements must be arranged prior to final payment.**

Signature  Date 11-17-17

E-Mail lbessy@wheatonparks.org

Check Number _____ enclosed for deposit/final payment

Please apply \$ _____ to the following credit card for deposit/final payment

Credit Card Number _____ Exp _____

Receipt of deposit/final payment is acceptance of all Group Sales policies and procedures.

We are unable to make any exceptions in the above policies.

Drury Lane reserves the right to change shows, prices, stars, and/or schedules.

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Credit Card Authorization Form

Please return via e-mail to n.windsor@drurylane.com or p.lovecchio@drurylane.com or fax to 630.530.0436

Name on the Card: _____

Type of Card: Visa ☐ MC ☐ AmEx ☐ Discover ☐

Other ☐ _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Reservation Number _____


Date of event _____

Group Name _____

Item(s) Purchased _____

Amount to be Charged \$ _____

**By signing this form, you authorize the Drury Lane Theatre
to charge your card for the amount listed above.**

Signed:  Date: 11-17-17