



Group Sales Request Form

Submission options -

Via email: sschwarting@waltonartscenter.org

Date: _____

Via mail: Walton Arts Center
Attn: Schuyler Schwarting
P.O. Box 3547
Fayetteville, AR 72702

Contact Person: _____ Const. # _____

School or Group Name: _____

Physical Address: _____
Street address City State Zip

Email Address: _____

Phone Number: _____

Name of the show you wish to attend: _____

If this show has more than one performance; date you wish to attend: _____

If the option is available; do you prefer the evening or matinée? _____

Number of tickets requested (a range is fine): _____

Is this a group of students, adults or both? _____ Order # _____

Bringing a bus(s) Y/N: _____ Is bus driver attending Y/N: _____ Interested in lunch on site Y/N: _____

Special requests (please mark "X" next to all that apply):

_____ Wheelchair Accessibility _____ Interpreter _____ Hearing Aide Devices _____ Aisle Seats

All requests will be assessed and/or responded to within one to two business days of submission. If you have any questions or special requests, please contact Schuyler Schwarting at 479.571.2719.

Notes: _____

