



### Group Sales Request Form

All requests will be assessed and/or responded to within three business days of submission. If you have any questions or special requests, please contact the Box Office/Groups at 479-443-5600 or [groupsales@waltonartscenter.org](mailto:groupsales@waltonartscenter.org)

Submission options -

Via email: [groupsales@waltonartscenter.org](mailto:groupsales@waltonartscenter.org)

Via mail: Walton Arts Center  
Attn: Box Office/Groups  
P.O. Box 3547  
Fayetteville, AR 72702

Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

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 matinee? \_\_\_\_\_

Number of tickets requested (a range is fine): \_\_\_\_\_

Is this a group of students, adults or both? \_\_\_\_\_

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

Notes: