



Walton Arts Center

Today's Date: _____

Group Sales Request Form

*Please fill out all fields before submitting form. Submission options:

Email:

kjones@waltonartscenter.org

Mail: Attn: Kimberly Jones

495 W. Dickson St.

Fayetteville, AR 72701

*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 Kimberly Jones at 479.571.2719

Contact Person: _____

School or Group Name: _____

Physical Address: _____
Street address City State Zip

Email: _____

Phone : _____

Name of the Show you wish to attend: _____

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

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

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

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

Special Needs; please circle all that apply:

Wheelchair Accessibility

Interpreter

Hearing Aid Devices

Aisle Seats

