

501 W State Street, Suite 109 Jacksonville, FL 32202 Phone: (904) 632-5050

Email: groupsales@fscjartistseries.org

GROUP TICKET DISTRIBUTION MASTER LIST FOR:

GROUP NAME:	
ACCOUNT #: G	GROUP LEADER:
Please complete the TICKET DISTRIBU	ITION MASTER LIST as you hand out tickets to your group. Please write
down each person's section, row, and	d seat numbers. Remember that seats located on House Left are odd
numbers and on the House Right are e	even numbers. For example, seats C 10 and C 12 are next to each other
Seating located in the center of theate	er is consecutive numbers beginning with 101. Individuals that are part o

SHOW: _____ PERFORMANCE DATE/TIME: ____

must be presented to a Box Office Representative by the Group Leader before missing tickets can be replaced. Please mail, fax, or email a copy of this completed form to our office. We strongly recommend that you also bring a copy of this list with you to the theater on the night of the performance.

a group and have lost their ticket can only be seated if this TICKET DISTRIBUTION MASTER LIST identifying their exact seat is returned to our office by the Group Leader. Without this distribution record, all remaining tickets

NAME	SECTION	ROW	SEAT # (s)
EXAMPLE:			
Joe Theatregoer	1 st Orchestra	L	1, 3, 5

SHOW:	PERFOR	PERFORMANCE DATE/TIME:			
GROUP NAME:					
ACCOUNT #: GROUP LEADER:					
NAME	SECTION	ROW	SEAT # (s)		
EXAMPLE:	45 0		4.2.5		
Joe Theatregoer	1 st Orchestra	L	1, 3, 5		

*Duplicate as needed for additional entries.