



GROUP SALES INQUIRY FORM

FAX to (202) 416-8425

GENERAL INFORMATION

Group/Organization Name: _____

Contact Person: _____

Type of Group (Corporate, religious, recreation, social, student, alumni associations, tour and travel, international travelers, or other)

Will your group arrive at the Kennedy Center by Coach or school bus? _____

Check One: New Patron Existing Patron

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Mobile Phone: _____

Fax Number: _____ E-mail address: _____

ACCESS NEEDS:

Please select all that apply.

Wheelchair Accessible Seats

If so, how many people are in wheelchairs and how many people will accompany them? _____

Assisted Listening Device

Sign Language Interpreter

Captioning

PERFORMANCE INFORMATION

Name of performance: _____

Dates:

Choice 1 _____

Choice 2 _____

Choice 3 _____

Time of event _____

Approximate number of people in group _____

If your order cannot be filled as requested,

Choose best available

Next lower price

Any price

Name of performance: _____

Dates:

Choice 1 _____

Choice 2 _____

Choice 3 _____

Time of event _____

Approximate number of people in group _____

DINING AND TOUR INFORMATION

Will your group dine at the Kennedy Center before or after your performance? If so, would you like more information on

(check all that apply): KC Café The Roof Terrace Restaurant

Would you like information on the Kennedy Center's free guided tours? Yes No

Thank you for completing this form. A Group Sales Associate will contact you to confirm your ticket order.