

**Boston Theatre Scene Box Office - HOUSE SEAT REQUEST FORM** Today's Date:

HOLD UNDER NAME OF (LAST, FIRST): \_\_\_\_\_

ID# (WHEN APPLICABLE): \_\_\_\_\_

Your Name: \_\_\_\_\_ Department: \_\_\_\_\_ Extention: \_\_\_\_\_

Reason for request: \_\_\_\_\_ Location: \_\_\_\_\_

ALL HOUSE SEAT REQUESTS MUST BE SIGNED BY THE ARTISTIC OR MANAGING DIRECTOR: \_\_\_\_\_

TITLE: _____ DAY: _____ DATE: _____ TIME: _____
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NUMBER OF COMP TICKETS: _____ @ \$ _____ = \$ _____
NUMBER OF FULL PRICE TICKETS: _____ @ \$ _____ = \$ _____
TOTAL TICKETS & COST: _____ \$ _____

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

FOR BOX OFFICE USE ONLY: INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_ LOCATIONS: \_\_\_\_\_ TRANSACTION #: \_\_\_\_\_

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