EGYPTIAN THEATRE BOX OFFICE SERVICES FORM

Event Information (as listed on ticket and website)

Name of event: ________________________________________________________________

Presented/Produced by: ____________________________________________________________

Sponsored by: __________________________________________________________________

Email event description and images to: alex@egyptiantheatre.org

Event Date: ______________________  Start Time: _____________________   ☐ AM   ☐ PM

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Event Date: ______________________  Start Time: _____________________   ☐ AM   ☐ PM

Event Date: ______________________  Start Time: _____________________   ☐ AM   ☐ PM

Event Date: ______________________  Start Time: _____________________   ☐ AM   ☐ PM

Seating type: ☐ General Admission   ☐ Reserved Seating

Event suitable for ages? __________________________________________________________

Event content warnings: ______________________________________________________

Number of Acts/Sets:   ☐ One   ☐ Two   ☐ Three   ☐ Four

Length of each act: One _____ Two _____ Three _____ Four _____

Is there an opener or opening act? ☐ YES   ☐ NO

If yes, what time does headliner or main act start: _______________   ☐ AM   ☐ PM

Name of opener(s): ______________________________________________________________

Number of intermissions/breaks:   ☐ None   ☐ One   ☐ Two   ☐ Three

Length of each intermission: One _____ Two _____ Three: __________

Total Run Time of Event including all intermissions/breaks: _______Hrs _______ Mins

Videotaping allowed: ☐ YES   ☐ NO   Photography allowed: ☐ YES   ☐ NO

Are Strobes Being Used: ☐ YES   ☐ NO   Is Fog or Haze Being Used: ☐ YES   ☐ NO

Is the balcony open to the public: ☐ YES   ☐ NO   ☐ WAIT FOR DEMAND
Event Contact Person for Ticketing Decisions
(Promoter login access will be sent via email to this person)

Name: __________________________ Title: __________________________

Company: __________________________

Address: _________________________________________________________

City: __________________________ State: _______ Zip __________

Work Phone: __________________________ Cell Phone: __________________________

Email: _____________________________________________________________________

Ticket Pricing

Estimated total number of tickets sold/issued: ___________________

(If applicable) Admission free under the age of: _______

Fill in your pricing below for all applicable tiers and price points for your event.
If you only list an adult price, that will be the pricing for all ages.

**Advanced Pricing:** Public On-Sale Date: ______________ Time: ______________  □ AM  □ PM

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<thead>
<tr>
<th>Tier</th>
<th>Adult</th>
<th>Student w/ ID</th>
<th>Senior 65+</th>
<th>12 &amp; Under</th>
<th>Group</th>
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If applicable:

Increased Pricing Effective: Date: ______________ Time: ______________  □ AM  □ PM

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On following pages, mark on seating charts the following (for reserved seating shows only):
- Tier 1 / Tier 2 / Tier 3 / Tier 4 sections
- Blocked seats for production use (seat kills for sound row, camera positions, etc.)
- Seats to hold for comp, artist/promoter use, media/promotion use, etc.
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Updated 6/1/21