

CINEMA ACADEMY

4257 Terri-Lyn Lane
Northbrook, IL 60062
Phone 847-564-9060 Fax 847-564-9098
bookings@cinmaacademy.biz

GROUP TICKET PURCHASE AGREEMENT

This agreement is made on _____ between Cinema Academy and _____, herinafter called the PURCHASER.

Theater/Venue _____

Show: _____

Location: _____

Performance Date: _____ Day: _____ Time: _____

Price: _____ each Number of Tickets Reserved _____

PAYMENT PROCEDURES

	Due Date	Amount	Date Paid
1. A NON REFUNDABLE DEPOSIT OF \$50 is due with return of this contract in order to confirm the group reservation. Payments can be made either with company check or through the PayPal portal at our website	_____	\$50	_____
2. 50% OF THE TOTAL is due one month prior to performance. If payment is not received, your order may be cancelled.	_____	_____	_____
3. BALANCE IS DUE IN FULL on day of performance. If you are planning on using purchase order from your school district, the invoicing/billing materials from you must be received no later than 30 days prior to the performance. We will bill your district on receipt of the materials so that payment is received before the event.	_____	_____	_____

CHECKS SHOULD BE MADE PAYABLE TO “CINEMA ACADEMY”

The PURCHASER may, after the 50% deposit is received and prior to the date of the performance, reduce by up to 20% the number of tickets reserved with no penalty. The price quoted on this contract is based on a minimum purchase of _____ tickets.

In the event that the number of tickets ordered falls below the minimum, a price adjustment may be required.

Purchaser agrees that it will not display in public any advertisement in which these tickets are offered for sale below the box office pricing.

Agreed to by:

x _____
Bonnie Rosenblatt - Cinema Academy

x _____
Purchaser

Date

Date

MAKE CHECKS PAYABLE TO "CINEMA ACADEMY" To make an instant online payment, visit the Cinema Academy website (www.cinemaacademy.biz) and follow the link to "Online Payments"

Please sign both copies of this contract, keeping one for your records and returning the other with your check or a copy of your PayPal receipt (if you paid online).

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Please don't write below this line

For Office Use Only

Group Name _____

Contact Person: _____

Address: _____

City/St/Zip _____

Contact Phone: _____

Contact Email _____

Additional Comments