

SHOJI TABUCHI THEATRE GROUP RESERVATION FORM

PO Box 2130 3260 Shepherd of the Hills Expressway Branson, MO 65615-2130

Group Sales Telephone: 417-334-7401 Group Sales Fax: 417-335-8855

Individual Sales Telephone: 417-334-7469 Individual Sales Fax: 417-334-8392

Please use a separate request form for EACH GROUP reservation (only 1 group per reservation form). ALL information must be completed to enable us to make a reservation for you. PLEASE type or print the following information and return by fax or mail.

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

AFTER HOURS NUMBER: _____

(FOR EMERGENCY USE)

EMAIL ADDRESS: _____

CONTACT PERSON: _____

YOUR TOUR CODE NUMBER: _____

TOUR GROUP NAME: _____

STATE/COUNTRY GROUP IS FROM: _____

TOUR ESCORT NAME: _____

LODGING LOCATION: _____

NUMBER OF PERSONS FOR THE FOLLOWING GROUP:

COACH GROUP:

ADULTS: _____

CHILD: _____

ESCORT: 1

DRIVER: 1

TOTAL: _____

CAR/VAN/RV GROUP:

ADULTS: _____

CHILD: _____

ESCORT: 1

DRIVER: NONE

TOTAL: _____

CONVENTION (200+) GROUP:

ADULTS: _____

CHILD: _____

ESCORT: NONE

DRIVER: NONE

TOTAL: _____

SHOW DATE REQUESTED (List Month/Date/Year):

FIRST CHOICE: _____/_____/_____

SHOW TIME: _____

SECOND CHOICE: _____/_____/_____

SHOW TIME: _____

THIRD CHOICE: _____/_____/_____

SHOW TIME: _____

IF NOT AVAILABLE – PLACE ON WAIT LIST? (CIRCLE ONE) YES or NO

SIGNATURE: _____ DATE: _____

NOTE: Please retain a copy for your records. ANY TOUR NAME changes need to be submitted with final payment.

THE FOLLOWING IS TO BE COMPLETED BY SHOJI ENTERTAINMENT INC:

FULL PERFORMANCE DATE SHOW DATE: _____

PLACE ON WAIT LIST SHOW TIME: 10:30AM 3PM 7:30PM

NO SHOW DATE RESV CODE: _____ CONF #: _____

(REVISED 07/28/12)

INITIALS & DATE: _____