



ABBOTSFORD ARTS CENTRE
2329 Crescent Way, Abbotsford, BC V2S 3M1

BOX OFFICE INFORMATION

Group name: _____

Contact: _____ Phone: _____

Title of Event: _____

Description of event: _____

Performance date(s): _____

Performance time(s): _____ Length of Show -- Hours: _____ Minutes: _____

Ticket cost: General: _____ Series: _____
Adult: _____ Student: _____ Senior: _____ Child: _____

Tickets available at: _____ Phone: _____

Box office open at: _____

Other information or background on your organization that you wish to share.

We are requesting the above information to assist in promoting your event by:
-- publishing the details in our Website
-- adding the information to our box office messaging system
-- providing answers to interested patrons

If you have brochures, posters, or other printed information on your organization we will be pleased to display it for you. If there is any other way we can assist you in making your event a success, please let us know. Phone: 604-853-0966

Please return this form by fax 604-853-0951, or mail to the address shown above.