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| **https://www.browardcenter.org/ArticleMedia/Images/BCPA/Pages/GroupSales_logo.jpg** | **TICKET ASSIGNMENT FORM** **Fill out with names of people in your group** |
| **Name:**  | How will you arrive (Please select one): |
| **Name of Group:**  | Bus:\_\_\_ Van:\_\_\_ Individual:\_\_\_ |  |  |
| **Order Number:**  | Number of vehicles:\_\_\_\_\_ |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Performance:** **Date and Time:**  |
|

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| --- | --- | --- | --- | --- | --- |
|  | **Ticket # (Letter & Number)** | **Name of the Ticket Holder** |  | **Ticket # (Letter & Number)** | **Name of the Ticket Holder** |
| 1 |  |  | 26 |   |   |
| 2 |  |  | 27 |   |   |
| 3 |  |  | 28 |   |   |
| 4 |  |  | 29 |   |   |
| 5 |  |  | 30 |   |   |
| 6 |  |  | 31 |   |   |
| 7 |  |  | 32 |   |   |
| 8 |  |  | 33 |   |   |
| 9 |  |  | 34 |   |   |
| 10 |  |  | 35 |   |   |
| 11 |  |   | 36 |   |   |
| 12 |  |   | 37 |   |   |
| 13 |  |   | 38 |   |   |
| 14 |  |   | 39 |   |   |
| 15 |  |   | 40 |   |   |

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**LOST TICKET POLICY**

**The group leader is responsible for all tickets purchased for their group members**
Group leaders MUST fill in this form with the name of each guest who purchased the tickets and the seat location.
Group leader must assign a responsible, designated leader if he or she cannot be present with the group.
Replacement passes will be issued for lost or stolen tickets only to the group leader or designated leader with a photo I.D.

Please complete and return to:
**TICKETING SERVICES - BROWARD CENTER FOR THE PERFORMING ARTS**
C/O Box Office - M. Connolly
201 SW 5th Avenue - Fort Lauderdale, Florida 33312 or fax it to 954.468.2555
This form MUST be returned, if not completed, lost tickets cannot be replaced.
For more information please call 954.660.6307