



Group Ticket Sales Tracking Sheet

Group Name: _____

Celtics Contact: _____

Phone Number: _____

Game Date: _____ Opponent: _____ Game Time: _____

Group Member	Tickets Purchased		Amount Due	Paid	Date	Method	Seat Location		
	Qty	Price					Sec.	Row	Seats
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									