



Barter Request Form

Theater Information

****All requests must be approved by Scott Bagwell - VP of Operations prior to committing to the barter. If the barter is approved, you will be notified and passes will be shipped to your theater if none are available on site.**

Manager Name _____ New or Ongoing Barter? _____

Theater Name _____

Contact Information for Barter Company

Contact Name _____

Company/Organization _____

Phone () _____ Email _____

Barter Information

Value of Barter Deal \$ _____

Xscape to Receive (i.e. \$25 gift cards) QTY _____ OF _____

Xscape to Give (i.e. 40 movie tickets) QTY _____ OF _____
(Please indicate barter tickets needed above: restricted, non-restricted, 3D, Xtreme)

Purpose of Barter (i.e. employee gifts) _____

Corporate Approval _____ Date _____

Signature required by both GM and Contact at Time of Exchange (Pick-Up of Tickets)

Xscape Theaters GM _____ Date _____

Tickets Picked up By _____ Date _____

For Corporate Use Only

Date Fulfilled _____

Pass Numbers _____