

TICKET REQUEST FORM

COMMUNITY USER



CAMPUS & STUDENT CENTERS

(A) Event Information

Event Name _____

Event Date (mm/dd/yyyy): _____

(if multiple days, click here _____ and enter dates on the back)

Event Times - Start: _____ End: _____

Location: _____

Seating: General Admission Reserved Seat
(You must meet with the Box Office Manager if reserved seat)

Maximum number of tickets available (including comps): _____

Date Tickets Go on Sale: _____ @ 10:00am

Click if you want the box office staffed during the show and/or if ushers are requested. Complete the Box Office Staff Request Form

(B) Organization

Contact: _____

Phone: _____ Email: _____

Check to be payable to: _____

(A current W9 form must be attached to this request. The name indicated above must match the name on the W9.)

(C) Web Sales

Do you want tickets available on the Internet? There is a \$15 setup for the first performance and \$10 for each additional

YES NO

(D) Ticket Information

Buyer Types and Cost per Ticket

(Please meet with a member of the Box Office Staff if you need other buyer types)

General Admission	WCSU Student
Student (non-WCSU)	WCSU Employee
Senior (62 or older)	Child (under 12)
Complementary \$0.00	Number of Comps
Consignment (see Box Office Manager for Details)	

(E) Ticket Details

The following information will print on the ticket:

Name of the Event	Event Date
Event Start Time	Event Location
Cost of Ticket	

Additional Information to Appear on the Ticket (1 line – max 30 characters)

(F) Required Signatures

I understand that the following fees will be deducted from the final settlement: \$75 (\$125 for reserve seat) setup, per ticket; credit card and staffing. I certify that as an agent for the organization indicated in §B, I am authorized to make this request.

Officer Name _____ Date _____
_____ Title _____
Authorized Signature _____
_____ Date _____
Venue Manager _____

For Box Office Use Only

Date Processed ____ / ____ / ____ Event Code: _____

Performance Code: _____ Processed By: _____