

TICKET REQUEST FORM

WCSU STUDENT ORGANIZATION



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: _____ @connect.wcsu.edu

Settlement Information:

Fund X81001 X81000 Account Number - W

(C) Web Sales

Do you want tickets available on the Internet? 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 will be deducted from final settlement: \$.15 per ticket fee; credit card fees, fee for unsold consigned tickets, staffing at the venue and venue expenses. I certify that as an officer for the organization indicated in §B, I am authorized to make this request.

Officer Name _____ Date _____
_____ Title _____

Officer Signature _____ Date _____

Venue Manager _____ Date _____

Center for Student Involvement _____

For Box Office Use Only

Date Processed ____/____/____ Event Code: _____

Performance Code: _____ Processed By: _____