TICKET REQUEST FORM

DEPARTMENT - TRIP

WESTERN CONNECTICUT STATE UNIVERSITY

CAMPUS & STUDENT CENTERS

(A) Event Information:

Name of Event:

Trip Leaves Day: Time

Trip Returns Day: Time

Trip will depart from: Midtown   Westside   Off-Campus

Campus Pickup Location:

Maximum number of tickets available (including comps):

Date Tickets Go on Sale: @ 10:00am

(B) Organization:

Name:

Contact:

Phone:

Email: @wcsu.edu

Settlement Information:

   Fund   Account Number

Rev 8-14

(C) Ticket Information

Buyer Types and Cost per Ticket

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

WCSU Student   WCSU Employee

General Admission

(D) Ticket Details:

The following information will print on the ticket:

   Name of the Event   Start Date
   Pick up Information   Departure Time
   Cost of Ticket

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

(E) Required Signatures:

I understand that the following will be deducted from final settlement: $.15 per ticket fees and credit card fees. I certify that as an agent for the organization indicated in §B, I am authorized to make this request.

Name   Date

_____Date_____
Signature

_____Date_____
Adivisor