

# TICKET REQUEST FORM

## STUDENT ORGANIZATION - TRIP



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):

Name(s) for comp tickets

Date Tickets Go on Sale: \_\_\_\_\_ @ 10:00am

### (B) Organization:

Name:

Contact:

Phone:

Email: \_\_\_\_\_ @connect.wcsu.edu

Settlement Information:

Fund    815    816    Account Number

Rev 9-14

### (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)

### (G) 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.

\_\_\_\_\_  
Treasurer or President \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Advisor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Student Activities Fiscal Assistant \_\_\_\_\_ Date \_\_\_\_\_

#### For Box Office Use Only

Date Processed \_\_\_\_/\_\_\_\_/\_\_\_\_ Event Code: \_\_\_\_\_

Performance Code: \_\_\_\_\_ Processed By: \_\_\_\_\_