TICKET REQUEST FORM

COMMUNITY USER - GENERAL ADMISSION

(A) Event Information:



Name of Event: Event Date: ______ Event Times - Start: _____ End: ____ Location: _____ Time Doors Open: _____ Date & Time Tickets Go on Sale: (B) Organization: Contact: _____ Phone: _____ Email: _____ (C) Buyer Types and Cost per Ticket: Ticket and/or facility fees will be added to the indicated ticket prices in accordance with WSU Ticket Policy. (Please meet with a member of the Box Office Staff if you need other buyer types) Senior (65 or older) General Admission WCSU Employee _____ WCSU Student Student (non-WCSU) Child Number of Comp Tickets _____ Complementary \$0.00

(D) Web Sales:

Do you want tickets available on the Internet? There is a \$15 setup fee for the first performance and \$10 for each additional. All tickets purchased on the web are subject to web fees. YES NO

nt on the ticket:
Event Date Time Doors Open Cost of Ticket
ne Ticket (2 lines – max 30 characters
:
o this request. The name indicated
be deducted from the final set fees; credit card fees and certify that as an agent for the authorized to make this request.
Date
Title
Date
Event Code:

Performance Code: Processed By: ____