

Event Ticket RequestForm

University Box Office

Ticket Office-Brown Hall North Carolina A&T State

University Telephone: (336) 334-7749 Fax: (336) 334-7382

This form is for departments and/or student organizations requesting ticket office support for any campus activities. This form must be submitted to University Event Center no less than 21 days prior to the event date.

Ticketing Request Details

The University Logistics Committee will make the final decision on required ticketed admission, ticket stock, and the number of tickets available to be printed and sold based on program content, facility, event set-up, facility capacity and the number of program participants.

Contact Name:___

Contact Number:	Event Reference #:		
Fund Account Name : Fund Account Number:			
(Stude	ent Organization funds will be depos	sited in COSA)	
Distribution Date:	Number of tickets requested:	OR	(Max Capacity)
Total # of Complimentary ticke	ets: (Amount deducted from	n total number of tick	kets available for sale.)
Would you like to check these	tickets out on consignment?	Yes	No
If yes, then consignment for:	Pre-Sale	Door Sales	Both
presence is required for door sales. A cost est	(Amount deducted from total n. imate associated with police coverage will be is campus organizations requesting a ticketed ev	sued upon completion of	of this form. There is also a 3%

	Your ticket will include	e the following information
(1) Sponsoring O	rganization:	
(2) Event Name:_		
(3) Date & Time:		(4) Time:
(5) Location:		
(6) Price:	College Student ID-Cost: \$	x 10% = Ticket Price: \$
	Day of Show Cost: \$	x 10% =Ticket Price: \$
	General Public Cost: \$	x 10% = Ticket Price: \$
	Day of Show Cost: \$	x 10% = Ticket Price: \$
<u>Plea</u>	se describe any additional ticke	et distribution or packaging information:
Signature:		Date:

A Land-Grant University and A Constituent Institution of the University of North Carolina Student Center, Suite 368 •1403 W. John Mitchell Dr •Greensboro, NC 27411 •(336) 285-2580 •Fax (336) 334-7131