REQUEST FOR TICKET SERVICES
FROM CAMPUS ID SERVICES

Important Notes:
- This form must be submitted at least five (5) days in advance of ticket distribution
- Staffing of the ticket distribution site is the responsibility of the sponsoring group
- Reservation of the ticket distribution site is the responsibility of the sponsoring group
- Security for the Campus ID System equipment is the responsibility of the sponsoring group
- Suitable locations for ticket distribution are limited due to technical restrictions
- A current, functional ID is required for the ticket distribution process

Event: _______________________________________________________________________
Event Date: ___________________________________________________________________

Dates of Ticket Distribution: _______________________________________________________________________
Times of Ticket Distribution: _______________________________________________________________________
Location of Ticket Distribution: _______________________________________________________________________

Has Ticket Distribution Site been reserved with the University Center Facility Reservationist?
_____ Yes _____ No

Key Contact Person: ____________________________________________________________
Contact Information: Home: ______________________
Cell: ______________________
Office/Work: ______________________

The following questions are necessary to create the database on which your ticket will be based:

- Who is to get a ticket: _____ current students only
  _____ current faculty/staff only
  _____ current students/faculty/staff

- How many tickets is each recipient to get: _____ one (1)
  _____ two (2)
  _____ ??????

- Are guest tickets allowed: _____ Yes _____ No
  If so, how many? _______________

Will daily ticket distribution reports be necessary? _____ Yes _____ No  If so, who is to get it?
Will a final summary of ticket distribution be necessary? _____Yes _____No  If so, who is to get it?

Other relevant details:

Submitted by: _________________________________ Date: ____________