

Kansas Union Welcome Desk TICKET REQUEST FORM

- This form must be completed by departments, organizations, and outside vendors to have tickets sold through the Kansas Union Welcome Desk.
- Ticket Request Forms **must be submitted to the Welcome Desk no later than 1 week prior to the event.**
- Please **allow three business days** after submitting this form for tickets to go on sale.
- All student organizations **MUST** have an advisor sign this form and **ALL blanks must be filled** in before ticket form can be processed.
- Comps will **ONLY** be given to the contact person.
- **Off-Campus Events** – Hard copy tickets for Off-Campus events must be received by the Box Office at least three business days prior to the sale date.
- Contact person will receive funds collected in the form of a corporation check **two weeks** after final on-sale date
- Kansas Union Welcome Desk Staff reserve the right to refuse ticket sales for any event

Today's Date: _____ Date Tickets go on Sale: _____

EVENT INFORMATION *(As will be printed on tickets)*

Title of Event: _____

Presented by: _____

Venue: _____ Date of Event: _____ Event Start time: _____

Does this event require seating to be picked? YES or NO (if yes, schedule a time to meet with Bailee, Welcome Desk Manager)

Is a waiver required from the participants? YES or NO (if yes, waiver must be emailed with this form)

Other event details: (Bus pick up location, rain date, etc.) _____

GROUP INFORMATION

Organization/Department: _____

Contact Person: _____ E-mail Address: _____

Phone Number: _____

AMOUNT OF TICKETS TO BE SOLD and TICKET PRICES

Student: ___ @ \$ ___

General: ___ @ \$ ___

Package: ___ @ \$ ___

Special Prices (Please specify) _____

-Refunds are permitted only if the event is cancelled or moved. Please contact Bailee for any questions.

COMPLIMENTARY TICKET INFORMATION *(Comps will be available the first day of sale)*

Comps Requested: YES or NO Number of Comps Needed: _____

TICKET RESTRICTIONS

Limit the amount of tickets sold per person? _____

By signing my name below, I certify that the information I give is accurate and I have read and agree to the statements above.

Name

Date

Advisor name

Date

AUTHORIZATION (PROFESSIONAL STAFF ONLY)

WD Manager Signature: _____ Ticket Fee Payment ID# _____

Event Type _____

Date put into system _____ Date ticket is confirmed _____ Entered in Trello _____