Event Request Form
Form must be submitted at least 10 days prior to event.

Organization Name: _____

Contact Name: _____Email: _____

Advisor Name: _____Advisor Email:_____

Event Information:

Name:_____

Venue:_____

Total Capacity:_____Date:_____

Event Time:_____Door Time:_____

Event Staff:

Number of Staff Needed:_____(Min 2)

Arrival Time:_____

Dismissal Time:_____
(Note: Staff requests should be for a minimum of 3 hours per event; charges of $15/hr per worker will apply.)

Event Ticketing Options:

☐ No Ticketing Services - Staff Only
☐ Attendance Count at Door of Event
☐ Validation Scanning at Door of Event

☐ List Entry at Door of Event with Pre-Sales
☐ Pre-Sales and Additional Ticket Sales at Door
☐ Traditional Ticket Entry with Online Pre-Sales

*(Note: To learn more about these options, go **here**.)*

Price Type	Advance Price	Day of Price	Qty of Tickets Available (if applicable)	On-Sale Date/Time	Off-Sale Date/Time

Additional Notes:

☐ List of Attendees. Date:_____ Time:_____Email:_____

_____

_____

Account Information:

Department ID:_____Detail Code _____