



## Event Request Form

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

Organization: \_\_\_\_\_

☐ We receive Student Activity Fee (SAF) funding.

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Email: \_\_\_\_\_

### **Event Information:**

Event Name: \_\_\_\_\_

Number of Staff Needed: \_\_\_\_\_ (Min 2)

Venue Name: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

Total Capacity: \_\_\_\_\_ Event Date: \_\_\_\_\_

☐ Scan IDs ☐ Wristband  
☐ Scan Electronic Tickets ☐ Crowd Control

Event Time: \_\_\_\_\_ Door Time: \_\_\_\_\_

☐ Sell Tickets ☐ Other: \_\_\_\_\_

### **Ticketing Options:**

- ☐ Attendance Count
- ☐ Validation Scanning for SAF
- ☐ Online Tickets Pre-Sales
- ☐ Printed Tickets Pre-Sales
- ☐ Tickets Sales at the Door of the Event

### **Tickets Delivery Method:**

- ☐ List of Attendees
- ☐ Mobile Tickets
- ☐ Printed Tickets (Will Call)
- ☐ Print-at-Home Tickets (PDF)

*(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:**

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#### **Business Office Use Only:**

Approved By: \_\_\_\_\_

Fund: \_\_\_\_\_

Revenue Detail Code: \_\_\_\_\_

Dept ID: \_\_\_\_\_

Tax Detail Code: \_\_\_\_\_