

EVENT INFORMATION

Contact Name: _____ Phone # _____

Organization Name: _____

Name of Event: _____

Date of Event: _____ Begin Time _____ End Time _____

What time do the doors open? (if different from begin time) _____

Type of Event:

Concert Dance Conference
Lecture Performance Other _____

Location of Event: _____

(Please provide directions if necessary.)

The audience is:

Only IC Students Only On-Campus Residents
Only Seniors General Public
Over 21 only Other _____

Price(s) of tickets: _____

Is there a limit to how many tickets one person may buy? YES NO

Is there more than one type of ticket? YES NO

If YES, what is the difference between the different types of tickets: _____

If YES, do they need to be sold on different days? YES NO

Date(s) of Sales: _____

Is there a specific way Ticket Sales needs to sell and distribute your tickets? (For example)

tear off bottom stub
do not tear off stubs
give brochure with tickets
check off name on green and white print outs
give out item _____ (such as brochure, T-shirt, sticker) with ticket
other: _____

Will tickets be sold at the door? YES NO

If YES, starting at what time and for how much? _____