

Associated Students Ticket Office
Change Fund/Ticket Seller Request Form

Sponsoring Organization: _____

Contact Name: _____

Contact Number: _____

Event Name: _____

Event Date: _____ **Event Place:** _____

Ticket seller will need to show up from _____ am/pm to _____ am/pm.

If the event is at IV Theater, would you like ASTO to provide tickets? **Yes No**

If the tickets are supplied by the organization, they **MUST** be numbered.

Would you like ASTO to:

_____ return excess tickets after the show

_____ destroy remaining number of tickets

Ticket Prices: Students \$ _____ General \$ _____

*any changes in ticket prices must be made 1 working day before the event.

Would a member of the sponsoring group want to be present when the ticket seller counts out after the show? **Yes No**

If yes, please supply the name and perm number of the person who will be authorized to watch the ticket seller count out.

Name: _____ Perm Number: _____

Account to be billed:

A.S. # _____

O.S.L # _____

^{\$10.00}
Fee: \$~~8.00~~ an hour

* half an hour is added on top of the total amount for police money bag pickup.

***Form must be turned in a week in advance or ticket seller is not guaranteed.**