USG TICKET ORDER FORM

This form must be completed and submitted in order to have Tickets printed for your activity. It should be submitted along with the corresponding Activity Report Form.

Organization Name _____

Organization Representative_____ Contact Phone #_____

NOTE: The information in this box will be printed on the ticket. Please complete <u>all</u> appropriate information accurately.

Name of Sponsoring Organization(s) _____

Event Name _____

Date_____ Location_____

Start Time_____ Ticket Price _____

Any Additional Description or Information _____

_____

Number of Tickets_____ Cost Per Ticket_____

Ticket Sale Location(s) ☐ USG Business Office ☐ Rockwell Hall ☐ At the Door

Will Any Complimentary Tickets Be Distributed? ☐ No ☐ Yes – How Many and To Whom?_____

_____/_____/_____

Organization Representative's Signature Position Date

**** * * Please Return This Form to the USG Business Office When Completed * * ****

• FOR OFFICE USE ONLY •

Date Received _____ Received By_____

USG Business Manager _____ USG Treasurer _____

Forwarded to Press Services _____