Complimentary Ticket Request Form (Updated: 1/10/12)

Title of Event_____ **Date of Performance**_____

Name of Requester_____ **Today's Date**_____

Phone Number_____ **Name to Hold Under**_____

Accessibility Concerns?_____

# of Tickets Requested _____(*Must not exceed amount allowed by department for any given event. Additional tickets must be purchased)*

Your Department *(circle one)* *Music* *Theater* *Dance* *Visual Arts* *Dean's Office*

You Are *(circle one)* *Alumni(A)* *Faculty(E)* *Staff(E)* *Senior(O)* *Public(P)* *Student(S)*

Purpose *(circle, if applicable)* *Retiree* *Recruitment* *TA* *Soloist* *Performer* *Director* *Designer* *Donor/VIP*

Submit this completed and signed Complimentary Ticket Request Form directly to the Main Ticket Office via mail or in person at any time during daytime business hours of Monday-Friday 10am-5:30pm and Saturday noon-5:30pm. The Ticket Office will not process complimentary tickets at any other time. Allow 1 business day for processing. Confirmation of processing is solely with the requestor. Complimentary tickets are not guaranteed, are distributed on an as available basis, are not transferable and not combinable.

I understand that by signing this form and accepting the tickets, I have accepted full responsibility for the usage of the tickets. The Mason Gross Performing Arts Center Ticket Office releases all rights and responsibilities to the tickets to the undersigned.

I have read and understood the above policy: _____

(Signature of requester)

*INTERNAL USE ONLY: OPERATOR*_____ *PROCESS DATE:*_____

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