



UW STEVENS POINT COMPLIMENTARY TICKET REQUEST FORM

In order to ensure that your order gets filled, complimentary ticket requests must be turned in at least 48 hours prior to the requested event.

Date of Request _____

Ticket Office Use Only		
Application	Y / N	
Acct#		_____

Means of Distribution

- Pass List
- Will Call
- Please forward to: _____
- Will pick up at Ticket Office

Program _____ Program Date _____

Department Making Request _____

Number of Tickets _____ Reserved GA Price Per Ticket \$ _____

Total \$ _____

Comp Requests

Dept Account: _____

List Person(s) Receiving Tickets:

Name	Purpose for Giving Tickets
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Ticket Office Use Only		
Please do not write in this section		
Sec	Row	Seats
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Please attach the list of ticket recipients if this space is inadequate.

By signing below, I certify that the above complimentary tickets have been issued in compliance with UW Stevens Point Policy as well as NCAA Policy and any other related rules.

<u>IMPORTANT!</u> *Comp ticket requests will not be filled unless they are properly filled out and approved*
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Individual Requesting Tickets: _____
(Signature)

Date Filled: _____

Dean or Director: _____

UWSP Information and Tickets: _____