



BOX OFFICE APPLICATION

DEPARTMENT/ORGANIZATION INFORMATION

Department/Organization _____

Contact Person _____

Contact Phone Number _____

Contact e-mail _____

Department/Organization CU Budget Number _____

Department/Organization Web Address _____

EVENT OR ITEM INFORMATION

Event or Item Name _____

Date of Event _____ Start Time _____

Location _____

Description _____



BOX OFFICE APPLICATION

**TICKET OR ITEM
SALE INFORMATION**

Cost _____

Sale Start Date _____

Sale End Date _____

**SSC BOX OFFICE
OFFICE USE ONLY**

Date Received _____ Received By _____

Approved By _____ Date _____

Declined By _____ Date _____

Reason _____
