



BOX OFFICE SERVICES APPLICATION FORM

The Eastern Mennonite University Box Office seeks to provide quality ticket services for departmental programs. In order to best serve you, we require submission of the following information at least **two weeks** prior to the beginning date for ticket sales. **Any changes in venue or existing seating charts from previous years will take additional time depending on the size or extent of change in the venue.** (On a case by case basis) Please send this completed form to the EMU Box Office or submit it via email to lynn.veurink@emu.edu. Questions? Call x4663.

Sponsoring Department:

Contact information:

Name

Phone/Extension

Event or Performance Title:

Approximate program length: _____

Intermission? Yes _____ No _____

General Admission OR Reserved Seating (circle one)

Event description/synopsis: (please attach)

Date(s):

Start Time(s):

Location:

Maximum Seating:

Seating restrictions: (obstructed view, reserved, etc)

Ticket Pricing (complete those fields that apply):

Adult _____ **EMU Student** _____ **Non EMU Student** _____ **Faculty/Staff** _____

Senior Citizen _____ **Child** _____ **Price increase at door** _____

Group rate _____ **minimum number for group rate to apply** _____

Any other rates: _____

Beginning Date for Sales: _____ **Last Date for Sales:** _____



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Offering Comp Tickets: Yes No (If yes, contact box office manager for specifics)

Special Show Performances (Example: Faculty/ Staff Free Night): Yes No

Details and Date:

Graphics: Along with this application, please provide an electronic picture/image relevant to your show. Image can be a JPG, GIF, or PNG format and MUST be 72dpi resolution and no more than 200 pixels wide.

Reporting: What reports would you like to request post event? (List of reports avail. upon request)

Updates on sales and or attendance: How often would you like to be updated on sales and attendance?

Weekly Monthly End of the Event

Your departmental income account number to which the Box Office should transfer funds TO: _____

Your departmental expense(transfer) account number from which the Box Office should request transfer of Box Office fees FROM: _____

Special Requests: (we will do our best to work with you on your special requests)

Any publicity materials for your event are greatly appreciated and can be dropped off at the Box Office

Thank you for completing this form!