SFA SCHOOL OF MUSIC
Complimentary Ticket Request Form

Person requesting tickets: ______________________________________

[Name Printed:] ______________________________________

Number of tickets requested: _____ Event: ______________________ Date: ______

Persons receiving tickets: [Please list all names] ________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Relationship of persons to University/Reason for awarding complimentary tickets: _____
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

DATE FORM WAS COMPLETED: __________________________

_____ Approved

Director, School of Music ___________________________ Date ___________________________

Procedure: 1. Complete form and return to Director
2. If approved, take form to Fine Arts Box Office to get tickets or have them put in the “will call” box.