



SYCAMORE HIGH SCHOOL – Ticket Office Services Form
427 Spartan Trail, Sycamore, IL 60178 – Phone: (815) 899-8160 x2173

Event Information:	Price Information: (Prices must include applicable fees and be your advertised ticket prices).
Name of event: _____	Expected total number of tickets sold/comped: _____
Presenter/Producer: _____	Price for regular seats: \$ _____
Seating type: General Admission or Reserved Seating	Free Admission under the age of: _____
Begin ticket sales: Time _____ AM or PM Date: _____	Discounted price Children (12 and under): \$ _____
A) Performance Date: _____ Start Time: _____ AM or PM	Discounted price Students (includes middle school through college): \$ _____
B) Performance Date: _____ Start Time: _____ AM or PM	Discounted price for Seniors (65 and up): \$ _____
C) Performance Date: _____ Start Time: _____ AM or PM	Group Discounted Rate (includes 15 +): \$ _____
D) Performance Date: _____ Start Time: _____ AM or PM	Videotaping allowed: YES NO Photography with flash allowed: YES NO Photography without flash allowed: YES NO
E) Performance Date: _____ Start Time: _____ AM or PM	Are strobes being used: YES NO Is fog or haze being used: YES NO
F) Performance Date: _____ Start Time: _____ AM or PM	Event suitable for ages: _____ Event content warning: _____
Contact Information for Ticket Office & Ticketing:	Timing Information:
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Day Phone: _____ Evening Phone: _____ Cell Phone: _____ Email: _____	Number of acts: _____ Length of act(s): _____ Number of Intermission: None One Two Total Run time of event (including intermission): _____ hrs. _____ mins



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Please list below the names (first and last) of those individuals (other than the contact listed on Page 1) that you wish to have access to your Ticket Office/Sales Information. This includes number of tickets sold, income generated, etc. We will NOT divulge any Ticket Office information to anyone that is NOT listed below:

Please provide a brief description of your event (this may be emailed to tickets@syc427.org) that will be used online (100 words or less):

Comp Tickets:

Please list below the names (first and last) of those individuals (other than the contact listed on Page 1) who are able to authorize the issuing comp tickets for this performance. For comp tickets to be issued by the Ticket Office, a Comp Ticket Request form must be submitted to the Ticket Office. These forms are available upon request.

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Person completing this form:

Printed Name

Signature

Date