

Date Received: _____
AD Signature: _____



**Office of Student Development
Student Organization Ticket Sales Contract
And Request for Events with Guests**

Date of Contract: _____
Name of Organization: _____
Organization Contact: _____
Phone #: _____ Email Address: _____
Name of Event: _____
Date(s) of Event: _____ Time: _____ Location: _____
Ticket Sales Start Date: _____ Stop Date: _____
Ticket Price: _____ with Iona ID
Ticket Price: _____ with college ID
Ticket Price: _____ Public

Special Arrangements:

OFFICE USE: 1 st Ticket No.: _____ Last Ticket No.: _____ Total No.: _____ Revenue # of Tickets Sold in OSD: _____ Ticket Sales Charge: \$ _____ # of Tickets sold at Door: _____ Total Proceeds: \$ _____ Total Transfer: \$ _____

Event category (please check one)

- | | |
|--|---|
| <input type="checkbox"/> Dance Parties | <input type="checkbox"/> Ceremonies/Award Receptions |
| <input type="checkbox"/> Dinner Dances | <input type="checkbox"/> Concerts |
| <input type="checkbox"/> Talent/Variety Shows | <input type="checkbox"/> Tournaments |
| <input type="checkbox"/> Speakers/Lectures/Training Conferences | <input type="checkbox"/> Movie Nights |
| <input type="checkbox"/> Charity Type Events | <input type="checkbox"/> Other : _____ |

AVP Student Development: Signature: _____

Circle one below, elaborate on back:

- Not Recommended for Approval
- Recommended for Approval with Reservations & Stipulations
- Recommended for Approval

Director of Security: Signature: _____

Circle one below, elaborate on back:

- Not Recommended for Approval
- Recommended for Approval with Reservations & Stipulations
- Recommended for Approval