



Event Request Form

Form must be submitted at least 10 days prior to event.

Changes to Event requests will only be accepted from the original Contact or Organization's Advisor

Organization: _____

We receive Student Activity Fee (SAF) funding.

Contact Name: _____

Email: _____

Advisor Name: _____

Email: _____

Event Information:

Staff Request: Staff request is for a minimum of 3 hours; charges of \$15/hr per worker applies.

Event Name: _____

Number of Staff Needed: _____ (Min 2)

Venue Name: _____

Arrival Time: _____ Dismissal Time: _____

Total Capacity: _____ Event Date: _____

Scan IDs/Event Pass Wristband

Scan Mobile Tickets Crowd Control

Event Time: _____ Door Time: _____

Sell Tickets On Site Other: _____

Ticketing Options:

- Attendance Count
- Validation Scanning for SAF
- Online Tickets Pre-Sales

Tickets Sales at the Door of the Event

Tickets Delivery Method:

- List of Attendees
- Mobile Tickets
- Printed Tickets (Will Call)

Price Type	Advance Price	Day of Price	Qty of Tickets Available (if applicable)	On-Sale Date/Time	Off-Sale Date/Time

Additional Notes:

Please submit form to tickets@uga.edu

Business Office Use Only:	Approved By: _____
Fund: _____	Revenue Detail Code: _____
Dept ID: _____	Tax Detail Code: _____