Event Notification Form

Organization Name: ___________________________  Organization Fund #: ________________

Event Date: ___________________________  Event Location: ___________________________

Event Name: ___________________________  Event Start Time: ___________________________

Ticket Prices:
- Students: __________________
- Military: __________________
- Faculty/Staff: ______________
- General Public: ______________
- Seniors Citizen: ______________

Required Signatures:

Faculty Advisor: ___________________________  Signature: ___________________________

Facilities Coordinator: ___________________________  Signature: ___________________________

Ticket Manager: ___________________________  Signature: ___________________________

Associate AD for Marketing: ___________________________  Signature: ___________________________