



TICKET SALES REQUEST FORM

Organization Name: _____ Date: _____

Contact Name: _____

Contact Phone #: _____

Contact Email: _____

Event Title: _____

Event Location: _____

Event Date/Time: _____

Ticket Sales—Begin: _____ End: _____

Price per Ticket: _____

Forms of Payment: Cash Check Other: _____

Checks payable to: _____

Are you offering coupons or discounts: (please describe) _____

Are you able to provide a volunteer to staff ticket sales at the Chamber on the first day of ticket sales for each event: _____

Criteria:

- One form per event
- Must be a Chamber Member
- Require ONE contact person for any/all updates, questions, etc.
- Event needs to be in Hutchinson
- Must include Hutchinson Chamber name/logo on poster
- Must provide event posters listing details
- Ticket tracking sheet (if you require)
- Must provide starting cash in denominations suitable for ticket sales
- Must provide cash box or cash bag to store tickets and checks/cash.

Hutchinson Chamber of Commerce
2 Main Street S, Hutchinson MN 55350
Phone# 320/587-5252

REMINDER—add your event to the Community Calendar on ExploreHutchinson.com

Created: 11/01/18 gb

OFFICE USE: Approved By: _____ Date: _____