

EAST CAROLINA ATHLETICS

COMPLIMENTARY TICKET REQUEST FORM



Please complete all applicable sections of this form and submit it to the Athletic Ticket Office. You may fax the form to number (252) 328-2255. Form must be accompanied by Letter of Request on your organization's letterhead.

NAME OF ORGANIZATION _____

NAME OF CONTACT _____

WORK PHONE _____ CONTACT PHONE _____ FAX LINE _____

PURPOSE OF REQUEST

Auction/Raffle Item Group Outing To Game Door Prize(s) Other

TICKET REQUEST

REQUESTED SPORT

of Adults _____

of High School Students _____

of K to 8 Grade Students _____

Total Number of Tickets _____

BASEBALL

FOOTBALL

MEN'S BASKETBALL

SOCCER

SOFTBALL

VOLLEYBALL

WOMEN'S BASKETBALL

REQUESTED EVENT *List event dates in order of preference*

Opponent Name / Date of Contest

1) _____ / _____

2) _____ / _____

3) _____ / _____

Date Needed By: _____

FOR OFFICE USE ONLY

SPORT BB FB MB SC SB VB WB

NO. OF TICKETS APPROVED _____

OPPONENT/DATE _____

APPROVED BY _____ DATE _____

I hereby acknowledge that I have received the above stated number of tickets for the date and event listed.

DATE _____

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If any members of your group are of High School age, please complete this page. Each individual will be required to sign for a ticket on the date of the contest. **DO NOT FILL OUT SIGNATURES AT THIS TIME. Please print or type names.**

NAME OF ORGANIZATION _____

NAME OF CONTACT _____

	NAME	AGE	SIGNATURE
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			

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NO. OF TICKETS APPROVED _____

OPPONENT/DATE _____

APPROVED BY _____ DATE _____