

Ticketing Services Agreement

This form is for TICKET SERVICES ONLY. To book the venue, please contact Stephanie Prynne at 716.484.7070. This completed form must be returned to the Box Office before event tickets can go on sale and even if it is a FREE EVENT. **All renters are required to use the Reg Lenna Center for The Arts Box Office for event ticket sales.**

EVENT INFORMATION:

Performance Name: _____ **Public On Sale Date:** _____

Presenting Organization*: _____

Address: _____

Contact Person for Event: _____ Day Phone#: _____

Contact E-mail: _____ Cell Phone#: _____

*The check for your net sales will be payable to the above organization unless otherwise indicated.

EVENT DATES:

Day of week	Date (mm/dd/yy)	Perf. Time (am/pm)	Length (hrs. & min.)
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Please attach form with additional dates and times if necessary.

TICKETING DETAILS & VENUE INFORMATION:

My event is:

Reserved Seating** OR **General Admission** (open seating) OR **Free**

***No more than four (4) levels of pricing are available for reserved seating.*

PRICING:

<i>Ticket Type</i>	<i>Adult</i>			
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

A Box Office settlement statement reflecting your net sales (gross less surcharges and fees) will be available immediately following your event. **Pending renter approval, payment (by check) will be mailed to your organization within two weeks of event.**

TICKET OFFICE HOURS:

Our Box Office is open Tuesday through Friday, 10a-5p; Saturday, 10a-2p (seasonal); and one hour prior to all theater performances. Ticket buyers may access our website (www.reglenna.com) 24 hours a day for ticket purchases and information.

Normal ticket office hours for the EVENT ITSELF are 1 hour before event start to ½ hour past event start.

If you need the ticket office to stay open later than this, please indicate the time: _____

REPORTS:

If you would like Sales Reports emailed to you regularly, please specify day(s) below:

Sun Mon Tue Wed Thu Fri Sat

Reports should be emailed to: _____

Applicant Signature: _____ Date: _____

Approved by: _____ Date: _____

(Reg Lenna Center for The Arts)