



MORRISON CENTER TICKETING QUESTIONNAIRE

Contact: Leslie Rieger (208) 426-4103 • FAX (208) 426-3021



PROMOTER CONTACT

Name of Promoter Contact Responsible for Ticketing

Office

Fax

Cell

Email

FIRST DAY OF SALE

(No Weekends)

Date Requested

PRICE SCALES

no. of seats _____	1st: \$ _____
no. of seats _____	2nd: \$ _____
no. of seats _____	3rd: \$ _____

DISCOUNT STRUCTURE

If appropriate, identify discount and price per category

_____	1st: \$ _____
Discount Name	2nd: \$ _____
	3rd: \$ _____
_____	1st: \$ _____
Discount Name	2nd: \$ _____
	3rd: \$ _____

EVENT INFORMATION

Event Name

Event Date(S)

VARIABLES

Check this box to add orchestra pit seating. (adds an additional 60 seats, see seating chart)

Note: 30 additional seats are held to accommodate technical equipment that might be required by a production (see seating chart). These will be released upon verification that such equipment is not required.

TICKET HOLDS REQUEST

Number of Promoter holds per price scale	1st: _____
	2nd: _____
	3rd: _____
TOTAL PROMOTER HOLDS: _____	

Number of Company holds per price scale	1st: _____
	2nd: _____
	3rd: _____
TOTAL COMPANY HOLDS: _____	

SPECIAL INSTRUCTIONS

SELECT-A-SEAT TICKET HEADER

Ticket header is programmed for 6 lines, 23 spaces each. NOTE: Select-a-Seat provides 27 ticket outlets. Please fill in your information for the five available lines (centering will be accomplished by Select-a-Seat) and return this form no later than two (2) weeks prior to proposed first day of ticket sales.

1 _____
Event Title

2 _____
Suggested: PRESENTED BY

3 _____
Promoter or Presenter

4 _____
Date & Time

5 _____
Day of week / Matinee or Evening

6 V E L M A V M O R R I S O N C E N T E R
Reserved