



SMG Jacksonville Managed Facilities
Ticket Request

Event _____
Facility POCC / TUCPA / ARENA / STADIUM / RITZ
Event Date _____
Event Time _____

Usage (Choose One) - Employee Mgmt / Employee FT /
Employee PT/Employee's Family/Client/Vendor/Affiliate

Name on Tickets _____

Phone/E-Mail _____

Address _____

Comments _____

Date Ordered _____

Cash ☐ Comp ☐ Credit ☐

Credit Card # _____

Exp. Date _____

Request/Ordered By _____

Director Approval _____

General Manager _____

No. Tix	Ticket Price	Total
Add'l Fee per ticket \$50/\$20/\$10 Waived		

Box Office Use Only

Acct # _____

Sub to BO _____

Dir Notified _____

Sec. _____ Row _____

Seats _____

Sec. _____ Row _____

Seats _____

Order Filled By _____

Date _____

AFTER DIRECTOR APPROVAL FAX FORM TO 854-0601

Note: Employees' tickets may only be picked up from Will Call one hour prior to the event.