

All unsold tickets **must** be returned with this form.

Gustine Unified School District GES Associated Student Body Ticket Request Form

Directions: Complete this form two weeks prior to the date the tickets will be issued. Turn in this request to the ASB Account Clerk. The advisor requisition the tickets will be given a draft to review and approve. Once the approved draft is returned, the tickets will be printed and given to the club advisor.

Name of Club/	/Organizaton:		
Date of Request: ——————		—— Date Tickets are Needed: ——————	
Nameand Pu	urposeof Fundraiser: —		
Number of T	ickets Requested: ——		
Description of	of ticket:		
	Title of Event: example: Gl	ES Class of '07 Bean and Linguica Take-Out	
	Description of items to be	sold	
	Date, Time and Location		
	Price per ticket		
	THANK YOU FOR YOUR	<u>SUPPORT</u>	
Club Officer Signature: ——————		—————— Club Advisor Signature: ————————	
Ticket Reco	ncile:		
Number of Tic	kets Issued:		
Number of T	ickets Sold:		
NumberofTid	ckets Returned:		