



Kansas Athletics Ticket Request Form

Ticket Request Information

Date of request: _____ Requested By: _____

Recipient Name: _____

Season/Sport: _____ Qty: _____ Event/Opponent: _____ Event Date: _____

Purpose: _____

Special Instructions: _____

Distribution Information

Will Call Email Address: _____

Payment Information

Complimentary

Approval by Athletic Director/Designee: _____

Check Credit Card Last four digits: _____ **(Please call Ticket Office with full #)**

Ticket Office Information Only

Recorded into Paciolan

Seat Locations: _____

Initials: _____ Date: _____

Account Number: _____