EVENT CENTER ARENA
TICKET ORDER FORM

Contact Information:

NAME: ___________________________ DATE: ___________
ADDRESS: ___________________________ PHONE: ___________
CITY: ___________________________ FAX: ___________
STATE: ___________ ZIP: _____ EMAIL: ___________________________

Event & Ticket Information:

EVENT NAME: ___________ EVENT DATE: ___________
TICKET QTY: ___________ PRICE: ___________ SUBTOTAL: _______
+ $4.00 processing fee
GRAND TOTAL: _______

Delivery Method:  □ Will-Call  □ Regular Mail (order must be received 7 days before event)

Method of Payment:  □ Visa  □ Mastercard  □ Discover

NAME ON CARD: ___________________________
CARD NUMBER: ___________________________ EXP: _______
SIGNATURE: ___________________________ DATE: _______

Please fax back completed form to (408) 924-6395

All orders will be processed upon receipt and are final. No refunds. Seat assignments will be made on a first come, first served basis. Ticket availability is not guaranteed.

Event Center Arena Box Office at San Jose State University
290 S. 7th Street  San Jose, CA 95192-0201  (408) 924-6333

Internal Use Only
Date Rec’d: _________  Acct #: ___________  Section: ___________  Row: _________  Seat #: ___________