



SAN JOSÉ STATE
UNIVERSITY

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 #s: _____