**Ticket Donation Request Form**

Thank you for your interest in a ticket donation by the Rochester RazorSharks! The RazorSharks are proud to be part of the Rochester community and will carefully consider each opportunity to meet fans. We kindly ask that you provide the following details regarding your event so we may work toward fulfilling your request.

**Organization Information**

Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Game Date:\_\_\_\_\_\_ Number of Adult tickets requested: \_\_\_\_\_\_ \*Number of Kids Tickets requested:\_\_\_\_\_\_\_

Total Number of Tickets requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Kids tickets for the RazorSharks permit the entrance of any youth under the age of 18 to attend free with the purchase of an adult ticket.**

How will this be promoted to your organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this organization a 501(c) 3 tax-exemption organization? Circle: **Yes No**

**Please provide a copy of your 501(c)3 form and/or tax ID number by fax to (585) 232-8086.**

**Rochester RazorSharks Appearance Procedure**

All requests must be submitted 30 days prior to the game date. In order for your request to be reviewed, all information must be completed in its entirety. We will contact you as soon as we can after receipt and review of your completed request. **You may submit your request to the fax number listed below, or email the form to info@razorsharks.com.**