

Ticket Sales Agreement

Organization:		Event Name:		
Date to Begin Ticket Sales:		Date of Event:		
Representative Name:		Representative Phone:		
Make Check Payable to:				
Mailing Address:				
Tickets Sold at the Following Locations:	East Nea	ar West Ivy Tech		

Bloomingfoods offers ticket sales at all of our retail grocery locations. Agreement forms can be dropped off at our administrative office at 316 W 6th Street or emailed to info@bloomingfoods.coop. Upon event completion, a check will be issued to your organization within 15 business days. For more information or to sell tickets for your event, please contact info@bloomingfoods.coop.

		These columns for internal use only.		
Ticket Description (Ex: General Admission, Adult, Child, Senior, etc.)	Ticket Price	PLU	Quantity Sold	Dollars Sold

Total Pa	ayment Due: \$	

Special Notes and Instructions:

Sales Report Submitted by:	Date:
----------------------------	-------