

Ticket Exchange Request Form

Name of Account Holder: _____

Account Number: _____ Contact Phone: _____

Original Seats: Section _____ Row _____ Seats _____

Old tickets **MUST** be torn in half and attached.

NEW SEAT REQUEST:

1st choice of new date/time _____

2nd choice of new date/time _____

3rd choice of new date/time _____

Additional Notes pertaining to exchange request: _____

Please charge my:

Credit Card Number (required): _____

Expiration Date: _____ Name on card (please print): _____

Signature: _____

I authorize ASU Gammage to charge an exchange fee per ticket plus any cost difference due to an upgrade in date or section. Season subscriber exchange fee is \$3 per ticket per exchange. All others pay \$10 per ticket per exchange.

Exchanges may only be made for authorized performances of the same show and cannot be changed to a different show. New seats are only assigned after receipt of exchange request, and you will be notified of your new seats/performance by phone. Exchanges must be completed at least 24 hours before the date of the show printed on the old tickets. In order for an exchange to be considered completed, requests must be received by the box office, processed, and confirmed. Receipt of request does not guarantee completion of exchange. All exchanges are based on availability.

Mail Ticket Exchange Form to: M&I Bank Broadway Across America –Arizona
c/o ASU Gammage
PO Box 870105
Tempe, AZ 85287-0105

Or Fax to: (480) 965-3583