



CHARITY TICKET PROGRAM

2008 REQUEST FORM



PLEASE FILL OUT ALL PORTIONS OF THIS FORM AND ENCLOSE THE REQUIRED SUPPORTING DOCUMENTATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

ORGANIZATION INFORMATION

1. ORGANIZATION OR SCHOOL NAME: _____
2. BRANCH/PROGRAM/GRADE LEVEL: _____
3. NON-PROFIT TAX-EXEMPT 501(C)3 ID#: _____
4. SCHOOLS ONLY: DO YOU HAVE OVER 70% FREE & REDUCED LUNCH ENROLLMENT? YES NO
5. CONTACT NAMES (LIST 2 PEOPLE WHO WILL BE AUTHORIZED TO PICK UP TICKETS)
 PRIMARY CONTACT: _____ ADDITIONAL CONTACT: _____
6. MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
7. PHONE NUMBER : (____) _____ 8. E-MAIL ADDRESS: _____

TICKET INFORMATION

9. PADRES CHARITY TICKET ACCOUNT # (FOR GROUPS THAT PARTICIPATED IN '07): _____
10. WILL YOUR GROUP REQUIRE ANY WHEELCHAIR SEATS? YES NO
11. PLEASE INDICATE THE **NUMBER OF TICKETS** YOU ARE REQUESTING FOR EACH GAME LISTED BELOW:

# OF TICKETS	GAME DATE & TIME	# OF TICKETS	GAME DATE & TIME
	TUESDAY, APRIL 15 @ 7:05 PM vs. COL		TUESDAY, JUNE 24 @ 7:05 PM vs. MIN
	WEDNESDAY, APRIL 23 @ 7:05 PM vs. SF		SUNDAY, JUNE 29 @ 1:05 PM vs. SEA
	THURSDAY, MAY 22 @ 7:05 PM vs. CIN		MONDAY, JULY 7 @ 7:05 PM vs. FLA
	FRIDAY MAY 23 @ 7:05 PM vs. CIN		TUESDAY, JULY 8 @ 7:05 PM vs. FLA
	SUNDAY, MAY 25 @ 1:05 PM vs. CIN		TUESDAY, JULY 29 @ 7:05 PM vs. ARZ
	TUESDAY, MAY 27 @ 7:05 PM vs. WSH		SUNDAY, AUGUST 3 @ 1:05 PM vs. SF
	WEDNESDAY, MAY 28 @ 7:05 PM vs. WSH		TUESDAY, AUGUST 12 @ 7:05 PM vs. MIL
	THURSDAY, JUNE 5 @ 7:05 PM vs. NYM		TUESDAY, AUGUST 26 @ 7:05 PM vs. ARZ

PLEASE NOTE: TICKET REDEMPTION WILL BE TRACKED, PLEASE ONLY REQUEST THE # OF TICKETS YOU ARE ABLE TO USE. THE GAMES YOU SELECT ARE NOT GUARANTEED, WE WILL ASSIGN GAMES BASED ON THE AVAILABILITY OF TICKETS.

REQUIRED SUPPORTING DOCUMENTATION

ADDITIONAL INFORMATION (REQUIRED):

PLEASE SUBMIT A ONE PAGE LETTER ON YOUR ORGANIZATION'S LETTERHEAD, CO-SIGNED BY THE ORGANIZATION LEADER OR SCHOOL PRINCIPAL INCLUDING ALL OF THE FOLLOWING INFORMATION:

- ORGANIZATION MISSION
- BRIEF DESCRIPTION OF HOW THE TICKETS WILL BE USED. (SCHOOLS: HOW WILL TICKETS SUPPORT ACADEMIC ACHIEVEMENT, ATTENDANCE AND/OR BEHAVIOR IN THE CLASSROOM?)
- AGE RANGE OF CHILDREN WHO WILL BE ATTENDING THE GAMES
- NUMBER OF CHILDREN WHO USE YOUR SERVICES ON A DAILY BASIS
- TYPE OF TRANSPORTATION THAT WILL BE USED TO ENSURE THE CHILDREN ARE ABLE TO ATTEND AS A GROUP WITH CHAPERONES

PLEASE MAIL THIS FORM AND SUPPORTING LETTER TO (NO FAXES OR E-MAILS WILL BE ACCEPTED):

CHARITY TICKET PROGRAM, P.O. Box 122000, SAN DIEGO, CA 921 12-2000