



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

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

TICKET INFORMATION

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

# OF TICKETS	GAME DATE & TIME	# OF TICKETS	GAME DATE & TIME
	FRIDAY, AUGUST 1 @ 7:05 PM VS SF		MONDAY, AUGUST 25 @ 7:05 PM VS. ARZ
	TUESDAY, AUGUST 12 @ 7:05 PM VS. MIL		TUESDAY, AUGUST 26 @ 7:05 PM VS. ARZ
	WEDNESDAY, AUGUST 13 @ 7:05 PM VS. MIL		WEDNESDAY, AUGUST 27 @ 12:35 PM VS. ARZ
	THURSDAY, AUGUST 14 @ 12:35 PM VS. MIL		FRIDAY, AUGUST 29 @ 7:05 PM VS. COL
	SATURDAY, AUGUST 16 @ 7:05 PM VS. PHI		SUNDAY, AUGUST 31 @ 1:05 PM VS. COL

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 92112-2000