



# The Access Program for Low Income Youth and Families

## Performance Season 2008-09

*Subject to Availability*

Name	
Parent Name (if a minor)	
Address	
City/St/Zip	
E-Mail	
Phone	Day: _____ Evening: _____
Annual Family Income	
Total Number in Household	
School/Organization	
Performance(s) desired	
The \$ amount you can contribute per ticket	
Signature	

We realize that other factors besides income may contribute to a family's need for assistance. Please use the space provided to explain your situation:


**Please return this form to:**  
**Box Office Scholarship Program**  
**The Ross Ragland Theater**  
**218 North 7th Street**  
**Klamath Falls, OR 97601**  
**Or fax to: 541-884-8574**