



**The Ross Ragland Theater & Cultural Center**  
**Access Program for Low Income**  
**Youth and Families**  
**Performance Season 2012-2013**

*Subject to Availability*

Name		
Parent Name (if a minor)		
Address		
City/St/Zip		
Email		
Phone	Day:	Evening:
Annual Family Income		
Total Number in Household:		Ticket Quantity Requested: (Cannot be above household number )
School/Organization		
Low Income Tickets are \$10 Per Ticket		
Performance(s) desired	<small>NOTE: This form is good for the RRT Performance Season. Tickets are available 1 week prior to performance; please indicate that you are participating in the Access Program when ordering. Tickets are subject to availability and are not valid for rentals or fundraising events. Standard refund policy applies.</small>	
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 7<sup>th</sup> Street**  
**Klamath Falls, OR 97601**  
**Or fax to: (541) 884-8574**