

# TICKETS



# For Hope

## Application Form

ORGANIZATION/SCHOOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ Title I School? \_\_\_\_\_ YES \_\_\_\_\_ NO

CONTACT NAME \_\_\_\_\_

Requested Show: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Number of Student Tickets Requested: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_ Total Tickets: \_\_\_\_\_

*As a part of our **Tickets for Hope** program, Metropolis requests feedback from your organization/school's live theatre experience. Please mail or e-mail your group's testimonial in a word document within one week after your show date. Testimonials may include learning experiences, ties into curriculum, and/or cultural experiences. Mail to Director of Development Randal Klaproth, or email at [rklaproth@metropolisarts.com](mailto:rklaproth@metropolisarts.com).*

\_\_\_\_\_  
School/Group Representative Signature Date

\_\_\_\_\_  
Metropolis Director of Development Signature Date

\_\_\_\_\_  
Metropolis Group Sales Representative Signature Date