**Filene Center**

**Community Service Ticket Program Request**

**Please designate ONE coordinator from your organization for the program and attach a copy of your 501(c)(3) Determination Letter - submit to CommunityService@wolftrap.org**

|  |  |
| --- | --- |
| **Organization:** |  |
| **Coordinator Name:** |  |
| **Email:** |  |
| **Phone:** |  |

**Ticket Preferences:**

***To assist us in accommodating your request, please provide the following information***:

|  |  |  |
| --- | --- | --- |
| **Date range for tickets:**  | *Example: your summer program only operates in June and July* |  |
| **Day of the week preference:** | *Please note if this is your only option, or just preferred* |  |
| **Advance notice**  | *How much advance notice time is required* | **\_\_\_\_ More than 1 month (note amount)****\_\_\_\_ One month or less** **\_\_\_\_ One week or less**  |
| **Minimum # of Tickets for each performance:** | *For example: if you can’t take at least 10 people to a performance, it’s not worth the travel cost, staff, etc for you.* |  |
| **Maximum # of Tickets for each performance:** | *The most/ideal number you can accommodate for a trip.* |  |
| **Interest in attending more than one performance?**  | Choose an item. |  |
| **ADA Seating Needs (if applicable)** |  |  |
| **Other notes:** |  |  |

*Tickets can be very limited if a certain type is required (i.e.: in-house seating, weekend performances).*

*There is no guarantee that Wolf Trap will be able to fulfill the organizational request.*

*Please be as flexible as possible.*