



The Ross Ragland Theater & Cultural Center
Access Program for Low Income
Youth and Families
Performance Season 2011-12

Subject to Availability

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