



***“EXPERIENCE THE ARTS” ACCESS PROGRAM
QUALIFICATION FORM***

Date: _____

Organization Name: _____

Contact Person (send tickets to this person/address): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Please provide a description of your organization: (include your Mission Statement, website, number of constituents and description of programs and services – attach additional sheet/documentation if needed) _____

Please describe your reason for requesting tickets & how your organization will benefit from them:

Age range of participants (not including chaperones): _____

Mode of transportation: Bus Van Car

IMPORTANT:

When returning this form you must also include an annual report, brochure, or formal publication from your organization, **AND** proof of your not-for-profit status, such as a copy of your I.R.S. determination letter.

Return this form and additional materials via mail **or** email.
Mailing address: Bethel Woods Center for the Arts ~ Attn: Experience the Arts,
One Cablevision Center, P.O. Box 222, Liberty, NY 12754.
Email: emuscara@bethelwoodscenter.org