



**FOSTER FARMS COMMUNITY ACCESS PROGRAM**  
Program Application

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (street, city, zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is your organization registered as a 501(c)(3)? (please circle one)            YES            NO

Tax-ID #: \_\_\_\_\_ (please attach a current copy)

Does your organization serve people within Stanislaus County?    YES            NO

If "no", which county does your organization primarily serve? \_\_\_\_\_

How many people are served annually by your organization? \_\_\_\_\_

What are the ages of children in your organization that could be served through this ticket program?  
\_\_\_ 3-6            \_\_\_ 7-9            \_\_\_ 11-13            \_\_\_ 14-17

What is your organization's mission statement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Tickets provided through the Foster Farms Community Access Program are distributed at the discretion of the Gallo Center for the Arts, and ticket quantity and seat location may vary based on availability. Applications will be considered in the order received and reviewed for receipt of tickets on a quarterly basis. The Center will not guarantee more than one ticket distribution per season for approved applicants. Prior to receiving performance tickets, each organization is responsible to submit a list of ticket recipients and their affiliation to the applying organization.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail, fax, or submit in person, this completed application and a current copy of your organization's 501(c)(3) status to:

Gallo Center for the Arts  
c/o Foster Farms Community Access Program  
Attn: Raul Garcia  
1000 I Street  
Modesto, CA 95354  
Fax: (209) 338-5006