

<u> HCS Event Application</u> – HCS Event Application

HCS, the leaders of special needs care in our community, is partnering with the giants of Jewish entertainment – the producers and cast of the famous "אונטערן חבריה" – to bring you and your family a spectacular play for a discounted fee. We are excited to present you with an application to the event. Please adhere to the following application process:

- Please note this play is for **Men and Boys ONLY**.
- The event will אי"ה be **Thursday, October 17 at 7:00PM** and is designated for individuals with I/DD and their siblings and parents ONLY.
- A TABS ID is required In order for this application to be processed, if you do not know your TABS ID, please contact your Care Manager or Intake Coordinator for assistance.
- Transportation to the event will be available from Boro Park, Williamsburg and Monsey with advance reservation for a fee, please refer to the attached Fees page.
- The event is not suited for children/individuals who cannot sit through a 4 hour play.
- Be sure to provide a valid email address. Tickets will be sent via email once the application is processed.
- Please indicate on the application whether wheelchair seating is required.

HCS looks forward to providing you with a most memorable and enjoyable experience!

כתיבה וחתימה טובה!

HCS Team





Total Tickets

Name of Individual:
Address:
Home Phone:
Cell Phone:
Email:
TABS ID:

חול המעד סוכות – HCS Event Application

Name of Event Attendee (Please circle も if wheelchair seat is required)	DOB	Relationship to <u>Individual</u>	Please indicate which section you prefer (see attached seating chart) Section Price	
8	1 1			
\$	1 1			
ts.	1 1			
5.	1 1			
5.	1 1			
ts.	1 1			
5	1 1			
5	1 1			
\$	1 1			
\$	1 1			

Men	Total: (see second sheet for rates) = \$	Cash Enclosed Credit Card (complete following page)
videos of the event an	d/or individuals attending the event. By signing or video taken of any of the above individuals	e aware and agree that HCS may take photographs or ng below, you hereby grant permission to HCS to use in connection with the future fundraising, public
Print Name:	Signature:	Date:

Total \$_

Payment Type:

Check Enclosed (payable to TMG)



Name of Individual:
Address:
Home Phone:
Cell Phone:
Email:
TARS ID:

Transportation Rates (indicate how many total tickets you need)									
Seating (see attached Chart for more information)									
Front Orchestra: \$85		Orchestra: \$75	<u>.</u>	Grand Tier (Mezzanine): \$60					
First Tier: \$50		Second Tier: \$40		Third Tier: \$30					
Fourth Tier: \$20									
		Total \$							
Transportation									
Borough Park		One way \$10		Round Trip \$18					
Williamsburg		One way \$10		Round Trip \$18					
Monsey		One way \$12		Round Trip \$20					
Total \$									
Credit Card Authorization									
Total Amount	\$								
Card Type:	☐ MasterCard	Visa	☐ AMEX ☐ Discover		er er				
	Other								
Cardholder Name (as sho	own on Card):								
Cardholder Billing Addre	ess:								
Card Number: Expiration D			Expiration Dat	e:					
ZIP Code of Credit Card	billing address:			CVV:					
Signature				Date					
Please note transaction will appear on your statement as "TMG"									

Please send back the completed application by email to EVENTS@HCSNY.org or fax to 718-530-1813