



HCS Event Application – חול המעד סוכות

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 חברה"** – 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 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



Name of Individual: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

TABS ID: _____

חול המעד סוכות – HCS Event Application

Name of Event Attendee (Please circle ♿ if wheelchair seat is required)	DOB	Relationship to <u>Individual</u>	Please indicate which section you prefer (see attached seating chart)	
			Section	Price
♿	/ /			
♿	/ /			
♿	/ /			
♿	/ /			
♿	/ /			
♿	/ /			
♿	/ /			
♿	/ /			
♿	/ /			
♿	/ /			

Total Tickets
____ Men

Total \$ _____
Total: (see second sheet for rates) = \$ _____

Payment Type:
<input type="checkbox"/> Check Enclosed (payable to TMG) <input type="checkbox"/> Cash Enclosed <input type="checkbox"/> Credit Card (complete following page)

By signing below you confirm that the above is true and that you are aware and agree that HCS may take photographs or videos of the event and/or individuals attending the event. By signing below, you hereby grant permission to HCS to use any HCS photographs or video taken of any of the above individuals in connection with the future fundraising, public relations and social media activities of HCS.

Print Name: _____ Signature: _____ Date: _____

