TAP POLICY AGREEMENT

Thank you very much for your interest in Seattle Theatre Group’s (STG) Theatre Access Program (TAP). TAP is designed to increase our community’s engagement with the arts by donating tickets to other non-profit organizations whose clients could not regularly afford to purchase tickets. STG believes that everyone should have a seat in the theatre.

As the representative of ________________________________ (name of organization) you have been designated to serve as the sole contact on behalf of your organization.

STG considers it a privilege and an obligation to provide access to its theatres. We also believe that complimentary access to our theatres carries certain responsibilities. Throughout your organization’s partnership with the Seattle Theatre Group, the following guidelines must be followed in order for STG to continue this very valuable service.

1) The recipients should be individuals associated with your organization who could not otherwise afford admission.
2) Your organization will work to ensure that no donated tickets go unused. It is understood that each ticket has a monetary value and that your organization will assure STG that funding for this program is fully utilized. In the event that donated tickets do go unused, your organization’s TAP privileges may be forfeited. (STG understands that emergencies do come up, but please remind recipients that our relationship has obligations that run both ways. If you would like us to make you aware of the individuals from your organizations that do not redeem their tickets, please let us know.)
3) Your organization agrees to submit its list of recipients by noon, one day prior to the performance, if the performance is on Tuesday through Friday. If the performance is on Monday, Saturday, or Sunday, your organization agrees to provide the list by 3:00 p.m. the prior Thursday. (Unless otherwise stated in the offer email.) Lists will be emailed to Alicia Gibson at: theatreaccessprogram@stgpresents.org.
4) The recipient list will be submitted in the following form: last name, first name (as it reads on their photo identification.) There is a six ticket maximum per person. Tickets will not be listed under your organization’s name. Photo identification will be required for pick-up.
5) Once the list is submitted, it is considered final and changes cannot be made to the list. In the event of an emergency, the box office may be presented with a signed letter from the person under whose name the tickets are being held, authorizing another person (by name) for pick up. A photocopy of the signer’s identification will be required.
6) Tickets are available on the day of the performance, one hour prior to curtain, at the box office will call window.
7) Your organization agrees to follow the “no babes in arms” policy and is aware that every person attending a STG performance must have a ticket.
8) Your organization understands that there is currently no wheelchair access to the loge.

As the representative of your organization, your signature below indicates that you have read and understand the policies listed above, that you agree to the terms and conditions of the TAP partnership, and that you are authorized to represent your organization in this regard.

Organization Name

Representative Name

Representative Signature ________________________________ Date ___________
SEATTLE THEATRE GROUP THEATRE ACCESS PROGRAM (TAP) APPLICATION

Only one application per organization will be accepted.

Name of Organization: __________________________

Authorized Contact Name: ______________________

Title: __________________________

Contact’s Mailing Information:

Street Address: __________________________

City: __________________________ State: __________________________ Zip: __________________________

Contact’s Phone: __________________________ Mobile Phone: __________________________

Fax: __________________________ E-mail: __________________________

1. Please indicate the type of organization (circle or bold one).

Social Service  School, school based, or city agency  Religious

Youth Service  Neighborhood  Senior Citizen

Health Care  Other (please specify) __________________________

2. What neighborhoods/areas does your organization serve?

3. What groups does your organization serve (please circle or bold all that apply)?

Families  Children ages _________ to _________  Adults  Senior Citizens

4. Can you estimate how many tickets you may need for any given performance?

5. Does your organization have any special arts interests (i.e., Broadway, jazz, silent film, popular music, comedy, or dance)?

6. Please briefly describe your mission or purpose.

Please email your application and completed policy agreement form to theatreaccessprogram@stgpresents.org, or mail to “Attn: Alicia Gibson, Seattle Theatre Group, 911 Pine Street, Seattle WA 98101”

When application and policy agreement forms are completed and received, your group will be placed on a list to be notified of performance opportunities when available. Please note, completion of these forms does not guarantee that your group will receive tickets.

Once again, thank you very much for your interest in Seattle Theatre Group’s TAP program.