

**2008 Chicago Cubs Special Groups Program Application**

Please **type or print** the following information:

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

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ 501(C)3 Number: \_\_\_\_\_  
(or Tax ID Number)

Has your group attended a game through any of the following programs, and if so, what year did your group last attend?:

Special Group Program: \_\_\_\_\_ Cubs Care/United Way Program: \_\_\_\_\_

Cubs' Player Program: \_\_\_\_\_ Other: \_\_\_\_\_

**Describe the services your organization provides to individuals, age group, etc.:** \_\_\_\_\_

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

Please complete the following information (note, we ask for a ratio of no more than one supervisor for every 10 clients attending a game.) **Groups are limited to no more than 50 tickets:**

Total number of Clients: \_\_\_\_\_ Total number of supervisors: \_\_\_\_\_

Total number in group: \_\_\_\_\_

*(Number of clients plus number of supervisors should equal the number of tickets your groups is requesting.)*

Our group is available for the following home games:

Weekday Afternoon \_\_\_\_\_ Nights \_\_\_\_\_ Weekends \_\_\_\_\_ Holidays \_\_\_\_\_  
(Monday - Thursday) (Friday - Sunday)

Our group is available during the following months (please do not ask for a specific date):

April \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_ July \_\_\_\_\_ August \_\_\_\_\_ September/October \_\_\_\_\_

Note: This form is not a guarantee of tickets. Tickets are based on availability. Groups requiring wheelchair seating may receive multiple locations. Groups are limited to no more than 50 tickets.

**Chicago Cubs Office Use Only**

Game Date: \_\_\_\_\_ Tickets: TR Total: \_\_\_\_\_

Total: \_\_\_\_\_