



Owned & Operated by CAPA -  
A Connecticut Not-For-Profit Organization



A CAPA / Shubert Theatre  
Community Ticket Program  
for NEW HAVEN  
BASED ORGANIZATIONS

Please complete entire form (print clearly or type). Mail or Drop Off application to: Shubert Theatre,  
Attn: CAPA Community Connections Application, 247 College Street, New Haven, CT 06510

PLEASE NOTE: Only ONE application per New Haven based non-profit organization will be accepted.  
This program is to serve those who would not otherwise be able to afford tickets to Shubert events  
and are able to organize and implement group activities.

Priority will be given to group who serve families, teens and senior citizens.

*CAPA/Shubert reserves the right to request proof of non-profit status.*

Name of **NEW HAVEN Non-Profit** Organization: \_\_\_\_\_

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

Contact's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, CT Zip: \_\_\_\_\_

Contact's Phone (Work): \_\_\_\_\_ (Work Fax): \_\_\_\_\_

Contact's Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-MAIL ADDRESS (**REQUIRED**): \_\_\_\_\_

**1. Check off your type of organization/group (please check only one):**

- Social Service       School / School Based / City Agency       Religious
- Youth Service       Tenant/Resident Housing Grp       Other

**2. What New Haven Ward(s) does your organization serve (see City of New Website for Ward locations):**

\_\_\_\_\_

**3. Who does your organization/group serve:**

- Mostly families       Mostly adults/senior citizens
- Mostly children - ages: \_\_\_\_\_ to \_\_\_\_\_ OR grades: \_\_\_\_\_

**4. List any special arts interests your organization/group has (ex. dance, vocal, jazz, instrumental, drama):**

\_\_\_\_\_

**5. Have you participated in our program:  YES  NO - If yes, what year(s) \_\_\_\_\_**

**6. Briefly describe the purpose or mission of your organization and direct need(s) you serve (continue on back):**

\_\_\_\_\_

**Please turn over to answer  
additional questions**

**RETURN DEADLINE: SEPTEMBER 8, 2017**

6.

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7. How will this program help serve the mission and needs of your organization?

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**PLEASE READ THE FOLLOWING CAREFULLY**

8. Included with this application is a sheet which lists those shows identified as possible **CAPA Community Connections** events. **Please be sure and take into account the day of event, time of the performance, and recommended ages of each show.** In the space provided below, please list your **top three choices** of shows you think would most appeal **to the members** of your New Haven organization.

- Please select at least **3 PERFORMANCES**
- Indicate the number of tickets you need for each show - **you may request up to 10 tickets for each event.**
- **PLEASE NOTE: Children under the age of 3 and babes-in-arms are not permitted in the theater.**

1st choice: \_\_\_\_\_ Number of tickets requested: \_\_\_\_\_

2nd choice: \_\_\_\_\_ Number of tickets requested: \_\_\_\_\_

3rd choice: \_\_\_\_\_ Number of tickets requested: \_\_\_\_\_

**If selected, your organization may receive up to 10 tickets\* to at least one Shubert event during the 2017-18 season.**

**Applications are due by SEPTEMBER 8, 2017**

**Organizations will be notified by email starting the week of SEPTEMBER 18, 2017**

**Mail or drop off your application to:  
Shubert Theatre, Attn: CAPA Community Connections  
Application, 247 College Street, New Haven, CT 06510**

**\*Tickets are for needs-based constituents only, not for organization staff  
(excluding necessary chaperones).**

For Office Use Only	Date Received: _____
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**RETURN DEADLINE: SEPTEMBER 8, 2017**