



# Los Angeles County Commission on Disabilities



ADMIT ONE

## Family Evening at the Museum

Friday, April 26, 2019



5:00 P.M. – 8:00 P.M.

Sports Museum of Los Angeles  
1900 South Main Street, Los Angeles, CA 90007

*Ticket Price Includes Catering by So-Cal Burgers Chill and Grill and Entry to Museum*

*"Disabled ...  
Does Not Mean Unable"*

*The Heart of  
Disability*

*"Raising Awareness for Disabled  
Students and Veterans"*

Carlos Benavides, President

Lourdes Caracoza, 1<sup>st</sup> Vice President ~ Katherine George Chu, 2<sup>nd</sup> Vice President ~ Peggie Reyna, Treasurer

Commissioners: Michelle Anne Babitz, Wan Chun Chang, Jack Darakjian, Andrea Edoria, Cathy Gott, John R. James, Marsha D. Mitchell-Bray, Hector Ochoa, Dee. H. Pinchbeck, Maggie Soleimani, Louise E. Smith, John B. Troost

For more information, please call: (213) 974-1053

Email: [LACCOD@bos.lacounty.gov](mailto:LACCOD@bos.lacounty.gov) or visit the Commission's Website at: <http://laccod.lacounty.gov/>



Payments MUST be received in the Commission on Disabilities Office by Friday, ~~April 12, 2019~~ **April 24, 2019**  
Tax I.D. #95-6000-927

|  |           |                 |
|--|-----------|-----------------|
| Adult Individual Tickets (\$20):   | _____ ea. | Amount \$ _____ |
| Child (ages 3-12) Individual Tickets (\$15):   | _____ ea. | Amount \$ _____ |
| Please include number of: Burger Meal(s) _____ Hot Dog Meal(s) _____ Veggie Burger Meal(s) _____ |           |                 |
| Grand Slam Sponsor* (\$1,000) includes 20 Tickets  | _____ ea. | Amount \$ _____ |
| Home Run Sponsor* (\$500) includes 10 Tickets  | _____ ea. | Amount \$ _____ |
| Fan Sponsor (\$250)* includes 5 Tickets  | _____ ea. | Amount \$ _____ |
| *Sponsorships include VIP Tour and your name and sponsorship in all press materials              |           |                 |
| Donations: (In support of the Commission on Disabilities' activities and Scholarship Program)    |           | Amount \$ _____ |
| <b>TOTAL AMOUNT ENCLOSED</b>   |           | <b>\$ _____</b> |

Special accommodations (wheelchair, vegetarian menu, etc.): \_\_\_\_\_

Name/Organization: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please detach this portion and return with your check payable to:

LACCOD, B-50 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, CA 90012

**Purchase tickets online at: <http://bosevents.lacounty.gov>**