

ACCESSIBILITY SEATING ORDER FORM

Customer Name _____

Address _____

Phone Number _____

Email Address _____

Event _____

Date _____ **Time** _____ **Total number of seats requested** _____

CHARGE TO CREDIT CARD: VISA _____ **MASTERCARD** _____ **DISCOVER** _____

ACCOUNT # _____ **EXP. DATE** _____

CHARGE TO CSB/SJU ID# _____

Mail tickets _____ **Tickets at will call** _____

PLEASE CHECK ALL THAT APPLY AND INDICATE NUMBER REQUESTED

American Sign Language Seating _____ **Number of ASL Seats** _____

Interpreters are provided at designated performances. See season brochure for listing. Requests must be made one month in advance for performances without designation.*

Low Vision Seating _____ **# of Low Vision Seats** _____ **# of additional seats** _____

Request for Braille Program _____ **Number of programs** _____

Requests must be made one month in advance of performance.*

Audio Description _____ **Number of patrons requesting description** _____

Requests must be made one month in advance of performance.*

Wheelchair Seating _____

Does patron wish to stay in wheelchair? _____

Does patron wish to transfer to auditorium seat? _____

Number of wheelchair seats _____ **Number of transfer arm seats (SBH ONLY)** _____

Number of auditorium seats _____ **Total number of people in party** _____

ACCESSIBILITY PARKING

Handicapped parking is available at all Fine Arts events.

Service Animals

Is patron's animal a licensed, certified aid animal? _____

What is the nature of the animal's training/responsibility? _____

Will service animal be positioned at patron's feet during performance? _____

***Late request for service is not guaranteed. Attempts will be made to provide requested service.**

PLEASE FAX TO DEB WOLFORD AT 320-363-6097 ** DATE _____