## **ACCESSIBILITY SEATING ORDER FORM**

Customer Name			
Address			
Phone Number			
Email Address			
Event			
Date	Time	Total number of so	eats requested
CHARGE TO CRED	IT CARD: VISA	MASTERCARD _	DISCOVER
ACCOUNT #			EXP. DATE
CHARGE TO CSB/	SJU ID#		
Mail tickets	Tickets at	will call	
E CHECK ALL THA	Γ APPLY AND INI	DICATE NUMBER REQUE	STED
American Sign La	nguage Seating		
Interpreters are pro Requests must be m	vided at designated lade one month in	Number of A performances. See seaso advance for performances  Vision Seats # of	ASL Seats n brochure for listin without designation
Interpreters are pro Requests must be m Low Vision Seatin Request for Braille	vided at designated hade one month in g # of Low e Program	Number of A performances. See seaso advance for performances	ASL Seatsn brochure for listin without designation additional seats _
Interpreters are pro Requests must be m Low Vision Seatin Request for Braille Requests must be m Audio Description	vided at designated hade one month in g # of Low e Program hade one month in Num	Number of A performances. See seaso advance for performances  Vision Seats # of  Number of progra	ASL Seats n brochure for listin without designation additional seats _ ums
Interpreters are pro Requests must be m  Low Vision Seatin  Request for Braille Requests must be m  Audio Description Requests must be m  Wheelchair Seatin Does patron	wided at designated hade one month in g # of Low exprogram hade one month in Num hade one month in wish to stay in whether the program is to stay in which it is t	Number of A performances. See seaso advance for performances  Vision Seats # of Number of progra advance of performance.*  ber of patrons requesting advance of performance.*  eelchair?	ASL Seats n brochure for listin without designation additional seats _ ums
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Interpreters are pro Requests must be m  Low Vision Seatin  Request for Braille Requests must be m  Audio Description Requests must be m  Wheelchair Seatin Does patron Does patron Number of wheele Number of audito ACCESSIBILITY P Handicapped parking  Service Animals Is patron's animal a	wided at designated hade one month in g # of Low e Program hade one month in Number hade one month in wish to stay in whe wish to transfer to chair seats rium seats ARKING g is available at all licensed, certified at all licensed, certified at all part of the program is a seats and and and and are also and and are also are also and are also and are also are also are also and are also are al	Number of A performances. See season advance for performances  Vision Seats # of # of # of   Number of programation advance of performance.*  ber of patrons requesting advance of performance.*  eelchair?    auditorium seat?  Number of transfer arm Total number of people  Fine Arts events.	ASL Seats

\*\* DATE

<sup>\*</sup>Late request for service is not guaranteed. Attempts will be made to provide requested service.