

Access List Registration Form

First Name

Last Name

Address

Post Code

Home Phone

Mobile No.

Email

Preferred method of communication: Phone Email

Your access requirements (please tick as many as applicable):

Electric wheelchair space

Manual wheelchair space

Manual wheelchair accessible seat to transfer into

Step free access

Seat for an assisting companion

Provision for an assistance dog

Use of audio enhancement system

Seat close to the stage

Aisle seat

Captioned performance

Audio described performance

BSL interpreted performance

Relaxed performance

Other - please specify:

If you require additional specific assistance, please explain (in as much detail as possible) how our staff will be able to assist you during your visit: