



THE CLASSIC STORY ON STAGE

**ALDWYCH THEATRE
ASSISTED PERFORMANCE REQUEST FORM**

FAX COMPLETED FORM TO: 020 7379 3367

NAME:

E-MAIL ADDRESS:

NUMBER OF TICKETS:

DATE:

PHONE NO:

MOBILE:

PLEASE TICK THE TYPE OF PERFORMANCE YOU ARE BOOKING FOR:

AUDIO DESCRIBED

CAPTIONED

SIGNED

PREFERRED PERFORMANCE
SECOND CHOICE

| DAY | DATE | TIME |
|-----|------|------|
| | | |
| | | |

****PLEASE NOTE THAT ALL SEATS ARE £35****

PAYMENT DETAILS:

CARDHOLDER'S NAME:

CARD NUMBER: CARD TYPE:

START DATE: EXPIRY DATE:

SECURITY CODE:

BILLING ADDRESS:

TO BE HELD AT BOX OFFICE IN NAME OF:

YOUR TICKETS WILL ONLY BE CONFIRMED WHEN THIS COMPLETED FORM HAS BEEN RETURNED TO YOU

Office Use Only:

Authorised by

Booking reference

Allocated Performance Day: Date: Time:

Seat Allocation Row: Seats:

Total cost of booking charged to card detailed above £

Please retain this form when completed. To be presented on collection of tickets.