

ACCESS REGISTRATION FORM

Name _____

Address _____

Postcode _____

E-mail _____

Telephone (day) _____

(eve) _____

SEATING REQUIREMENTS

Please give us any information on the type of seating you require e.g. you may need an aisle seat, level access, etc.

If you use a wheelchair, please let us know if you will remain in your chair and require a wheelchair space or whether you will transfer to a theatre seat on the aisle.

ALTERNATIVE FORMATS

Please indicate if you would prefer to receive ENO mailings in a different format: CD/Braille/LARGE PRINT/Audio-link (delivered by e-mail)

PROOF OF ELIGIBILITY MUST ACCOMPANY THIS FORM

e.g. a photocopy of your Blue Badge (both sides), DLA entitlement, Taxicard, Disabled Person Travelcard, etc.

Please return the completed form to: The Access Manager, London Coliseum, St. Martin's Lane, London, WC2N 4ES