

# Anvil Arts Access List



Name of Disabled Patron.....  
Anvil Arts Account No.....  
Address.....  
..... Postcode.....  
Tel..... Mobile.....  
Email.....

Name of Ticket Purchaser (if different).....  
Anvil Arts Account No.....  
Address.....  
..... Postcode.....  
Tel..... Mobile.....  
Email.....

## Access Requirements: (please tick all that apply)

- Accompanied by an essential carer  
(only available if you require help from another person in order to move around safely within an Anvil Arts venue)
- Wheelchair space                       Space for assistance dog
- Aisle seat                                       Infra-red hearing enhancement
- Information in alternative formats, please specify:

Please note that providing this information is not a guarantee that suitable places will be available at all performances.

People who intentionally give false information will be taken off the Access List and asked to leave the venue.  
This list will be monitored regularly.

## I have a disability as defined by the Disability Discrimination Act (1995)

**Signed** .....                      **Date**.....

### Please return to:

Access List, The Anvil, FREEPOST BZ 735, Churchill Way, Basingstoke, Hants RG21 7QR (no stamp required)

<b>FOR OFFICE USE ONLY:</b> Processed by: _____	Date: _____
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