### **Theatre Royal Bath Access Register**

Joining the TRB Access Register will allow you to book Disabled concession tickets by phone and in person.

To join please return this completed form along with proof of eligibility.

Current Mailing Nun	nber if kno	own:	
Title:			
First name:			
Surname:			
Address:			
Postcode:			
Tel:			
Mobile:			
Email:			
Date of Birth:			
Access requireme	nts		
Aisle seat	Y/N	Side preferred	Left/Right
Assistance dog	Y/N		
Audio description	for blind	& visually impaired p	atrons
			Y/N
Captioned for deat	f and har	<b>d-of-hearing</b> patrons	Y/N
Wheelchair space			Y/N
Other - please giv	Y/N		

Particular Interest:	Theatre Royal Main House	Y/N
	Egg Theatre	Y/N
	Ustinov Theatre	Y/N
	All 3 auditoria	Y/N
Are you booking on	behalf of someone else?	Y/N
If yes please give de	etails:	
Name:		
Address:		
Postcode:		
Tel:		
Mobile:		
Email:		
Date of Birth:		
Is there anyone else	you authorise to deal with your be	ooking:
Name:		
Tel:		
Email:		

The Theatre Royal Bath will hold your details, including your name and address, on its database in order to facilitate future bookings and help us meet your access needs.

People who intentionally give false information will have their details removed from the Access List. This list is regularly monitored.

I have a disability as defined by the Equality Act (2010).

Signed _			
D . 1 .			
Date			

#### May we contact you?

If you would like to receive information about future events and other developments from the Theatre Royal Bath, please tick one or more of the boxes below.

By post (not available outside the UK)	Y/N
By Email	Y/N
By phone (not available outside the UK)	Y/N
May we also share your details with other arts organ	isations
which we think you will be interested in?	Y/N
May we also share your details with our sponsors?	Y/N

## Please indicate here if you would like to receive updates on assisted performances

By Email	Y/N
By post (not available outside the UK)	Y/N

#### Join the Access Register

To join, please return this completed form along with supporting documentation and post to:

**Access Register Theatre Royal Bath** 

# FREEPOST BA1 164 Sawclose Bath BA1 1ET

(or email it to: boxoffice@theatreroyal.org.uk)

#### Please include supporting documentation along the lines of :

- A letter confirming receipt of Disability Living Allowance.
- A Local Authority Mobility Card/Pass.
- A Disabled Person's Railcard.
- Local Authority Registration Cards for Visual Impairments or certificate.
- A relevant doctor's note (valid for at least 6 months)
- Award letter for Personal Independence Payment Enhanced Rate Daily Living or Mobility Component
- Award letter for Disability Living Allowance Highest Rate Care Component or Higher Rate Mobility Component
- Award letter for Disability Living Allowance Middle Rate Daytime Care Component
- Award letter for Attendance Allowance Higher Rate
- · A certificate or card of Visual Impairment

#### For more information please call:

- Box Office on 01225 448844
- Access Manager on 01225 823470

or email <a href="mailto:boxoffice@theatreroyal.org.uk">boxoffice@theatreroyal.org.uk</a>
or visit our website: <a href="mailto:www.theatreroyal.org.uk">www.theatreroyal.org.uk</a>