

# BOOKING FORM



## By the Sea

A musical, sensory, theatre experience

\* MONDAYS ARE THE PREFERRED DAY OF BOOKING, WHEN POSSIBLE \*

Requested Date(s):

\_\_\_\_\_  
Requested Time(s):

### Contact Information

Residence/Organization Name:

\_\_\_\_\_  
Contact Name:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Work Phone:

\_\_\_\_\_  
Email:

### Audience Information

Total number of residents:

\_\_\_\_\_  
Approximate number of residents living with dementia:

\_\_\_\_\_  
Approximate number of residents physically able (with assistance) to attend performance:

\_\_\_\_\_  
How many residents can you fit in your space comfortably?

\_\_\_\_\_  
Will you require more than one performance to accommodate all interested residents?

\_\_\_\_\_  
Please describe any sensory sensitivities, triggers, or common behaviours.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have staff available to shadow residents who may wander?

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## Questions for us

Anything you would like us to know or ask us.

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## Payment Information

Name of Payee to add: \_\_\_\_\_

Payment Type:     Cheque

Credit Card

EFT

\*CAN BE PROCESSED OVER THE PHONE

\*DETAILS ATTACHED

Additional Donation: \_\_\_\_\_  Yes

No

**(Please see attached donation form)**

## Disclaimer and Signature

I certify that the above given information is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

When completed, please return to [erin@oldschoolipnl.com](mailto:erin@oldschoolipnl.com)