



# The Kennedy Center

Performances for **School Groups** Professional Learning for **Teachers** 2011-2012



# Performances for School Groups Change in Registration Request Form

School Name: \_\_\_\_\_  
Teacher/Contact Name: \_\_\_\_\_  
Performance/Event Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to change the number of my reserved seats from \_\_\_\_\_ to \_\_\_\_\_.

- I am adding seats and am providing the following payment:
  - Check # \_\_\_\_\_ for \$ \_\_\_\_\_

I would like to change the date/time of my registration from \_\_\_\_\_ to \_\_\_\_\_.  
(date/time) (date/time)

I have accessibility requirements to add to my registration.

**Number of students/adults requiring:**

- \_\_\_\_\_ Wheelchair accessible seating
- \_\_\_\_\_ Easy Access Seating (no stairs)
- \_\_\_\_\_ Assistive Listening Device
- \_\_\_\_\_ Cued Speech/Sign Language Interpretation
- \_\_\_\_\_ Audio Description
- \_\_\_\_\_ Braille *Cuesheets*
- \_\_\_\_\_ Large Print *Cuesheets*
- \_\_\_\_\_ Additional Companion Seats
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Please mail or fax the completed form and payment, if required, to:

Teacher/School Registration    FAX: (202) 416-8802  
Education Department  
P.O. Box 101510  
Arlington, VA 22210

If you need further assistance, please call Registration at (202) 416-8835  
or email [kced@kennedy-center.org](mailto:kced@kennedy-center.org).