



**School Performance
Change Request Form**

Teacher's Name: _____ School: _____

Order # _____ Event Name: _____ Date: _____

I would like to request a change in seat number.

I currently have _____ seats reserved.

I would like to change my reservation to a total of _____ seats.

I would like to request a change in date/time.

I am currently reserved for the following date/time: _____

I would like to be reserved for the following date/time: _____

I need to add Special Services to my reservation.

I am anticipating:

(#) _____ Wheelchairs

(#) _____ Hearing Impaired students and prefer these students (circle one):

a.) sit in front with one of WAC's Electronic Hearing Devices

b.) I request an interpreter for my hearing impaired student(s)

(WAC needs one month advance notification in order to retain an interpreter.)

(#) _____ Visually Impaired students

I need to cancel this reservation.

Reason for canceling: _____

Date

Signature

Title

Contact the Schools Coordinator at (479) 571-2743 or e-mail mbarker@waltonartscenter.org for help or additional information.

Please send completed form to: Walton Arts Center or FAX to: (479)443-9024
ATTN: Schools Services Specialist
PO Box 3547
Fayetteville, AR 72702