



AINAD TEMPLE

Group Information Form

Please Print or Type



Please fill out the following information completely. This form serves as your admission pass and seating request.

Name of Organization_____

Address_____ City_____

Zip_____

Phone_____

Number of patrons in wheelchairs_____

Number of patrons handicapped in climbing stairs_____

Number of children_____ Number of adults_____

Location of performance_____

Date of performance_____ Time of arrival_____

Number of Busses_____ Number of autos_____

Person in charge_____ Title_____

Address_____ City_____

Zip_____ Phone_____

List of Chaperones: _____

PLEASE MAIL OR FAX A COPY OF THIS FORM

Ainad Shriners
609 St. Louis Avenue
E. St. Louis IL 62201
FAX 618-874-6920 Attn: Circus Desk