



AINAD TEMPLE

GROUP INFORMATION FORM

PLEASE PRINT OR TYPE

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

NAME OF ORGANIZATION _____

ADDRESS _____ TOWN _____

ZIP CODE _____ TELEPHONE _____

WHEELCHAIRS _____ HANDICAPPED IN CLIMBING STAIRS _____

NUMBER OF CHILDREN _____ ADULTS _____

LOCATION OF PERFORMANCE _____

DATE OF PERFORMANCE _____ TIME OF ARRIVAL _____

NUMBER OF BUSSES _____ NUMBER OF AUTOS _____

PERSON IN CHARGE _____ TITLE _____

ADDRESS _____ CITY _____

ZIP CODE _____ TELEPHONE _____

LIST OF CHAPERONES:

Mail or Fax to"
Ainad Circus Office
609 St. Louis Ave.
E. St. Louis, IL. 62201
618-874-1870 • 1-888-567-1870
FAX: 618-874-1870
ATTN: Michelle

PLEASE MAIL OR FAX ONE COPY TO THE AINAD CIRCUS OFFICE AND BRING ONE COPY TO THE CIRCUS. YOU MUST HAVE THIS FOR YOUR ADMITTANCE.