

**Please mail the completed form to:**

**Chandler Center for the Arts  
71-73 Main Street  
Randolph, VT 05060**

Name:

Street/PO Box:

Town, State, Zip:

Organization (if applicable):

E-mail:

Phone:

Performance:

Preferred time (if applicable):

Number of seats needed:

Is wheelchair seating needed?

Preferred form of payment:

\_\_\_\_\_ Mail check

\_\_\_\_\_ Drop check on day of performance

\_\_\_\_\_ Call in credit card number