

# SEASON SEAT MEMBER RELOCATION AMENDMENT FORM

Here are two easy ways  
you can amend your request.

1. **E-MAIL** a copy of this form to **Relocations@dpacnc.com**.
2. **MAIL** a copy of this form to DPAC, 123 Vivian St, Durham, NC 27701.

This form will be filed with your original request and your original date/time stamp will remain. Starting in late June, season seat specialists will place all requests in the order in which they were received and begin the relocating process. Please note that with such high demand, certain seat locations such as aisle do not become available often. Original seats will be maintained if your request is unavailable. Due to the high volume of requests we receive, we are unable to contact each member personally to discuss seating options. By submitting this form, you agree to the seat change terms.

**DATE OF ORIGINAL REQUEST:** \_\_\_\_\_

## SEATING PREFERENCES

I would like to request a seat change. In requesting this seat change, I understand that the Ticket Center staff will use their best judgment to accommodate this request. I further understand that I will not be contacted in advance to approve the specific details of the seat change and that once changed, my current seats will be reassigned and cannot be retrieved. I understand that all seat change requests will be fulfilled in the order in which they are received and that if no seats become available that match my specific request, my current seats will be retained. I understand that I will be notified via e-mail at the end of June if my seat change request has been fulfilled.

**Seat Change Instructions:** (Please check all that apply.)

- Same price level, closer to front
- I'm willing to move \_\_\_ # of seats to the side to be closer to the front
- By checking this box, I agree to move to limited view seats if they are closer to the front than my current seats.
- Same price level, closer to center
- I'm willing to move \_\_\_ # of rows back to be closer to center
- Move me to an aisle seat
- I'm willing to move \_\_\_ # of rows back to get an aisle seat
- By checking this box, I request INSIDE aisle seats only. I understand that if only outside aisles are available, I will not be resealed.
- I MUST have an aisle seat
- I only prefer to have an aisle seat
- Move me to the Heart of Broadway Package - Orchestra seating (limited availability)
- Move me to the Broadway's Best Package - Orchestra seating (best available)
- Move me to the Value Circle - Orchestra seating (best available)
- Move me to the Broadway's Best - Grand Tier seating (limited availability)
- Move me to the Value Circle - Grand Tier seating (best available)
- I'm willing to upgrade to a higher price level if it fulfills my request.
- Add me to the wait list for Gold Circle Seating
- Contact me about upgrading to a President's Club package (Gold Circle seats available for President's Club members only)
- Change my performance time to:
  - Tuesday  Wednesday  Thursday  Friday  Saturday Matinee  Saturday Evening  Sunday Matinee  Sunday Evening
- By checking this box, I request to change days ONLY if my same or similar seats are available. I understand that if comparable seats are not available, my seats will remain on my current day
- Move my separated seats to be together
- Please seat me with account holder \_\_\_\_\_
- I request accessible seats as follows:
  - A member of my party
    - uses a wheelchair and will be using the wheelchair as a seat  uses a wheelchair and will be transferring to a fixed theatre seat
    - is mobility impaired and cannot walk up/down stairs  is visually impaired  is hearing impaired

Name \_\_\_\_\_ Account # \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

