

**CITY OF ST. JOHN'S
DEPARTMENT OF COMMUNITY SERVICES**

ATTENDANT PASS RENEWAL INFORMATION

Where are passes accepted?

- City of St. John's Events & Activities
- Arts & Culture Centre
- Holy Heart Theatre
- LSPU Hall
- The Works/Aquarena
- Metrobus
- Mile One Centre
- The Rooms

Other venues may accept attendant passes. Please call the venue directly to confirm.

How are tickets purchased and used?

Tickets may be purchased in person or by phone. Unfortunately, at this time, most venues cannot process attendant pass tickets online. Pass holders will pay the regular event fee and the attendant's ticket is used complimentary (free) or at a reduced rate. Passes must be present when purchasing/pick up tickets and when entering the activity/event. If purchasing by phone, venue staff may ask for the pass number and expiry.

What does the attendant pass look like?

The attendant pass is a plastic pvc card that displays the pass number, name, requirements (e.g. wheelchair seating), issue and expiry date as well as a photo of the applicant.

What should I do if I have lost my pass or my information has changed?

Contact Inclusive Services staff to have your pass replaced or your information updated.


Who should I contact for information about the attendant pass?

Information regarding attendant passes and other inclusive services can be found online at www.stjohns.ca. Inclusive services staff can also assist you with questions regarding attendant passes.

Phone: 709-576-4556

Fax: 709-576-2308

Email: inclusion@stjohns.ca

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|  <p>PLEASE PRINT</p> | CS- Attendant Pass Renewal | Community Services | | | |
| ATTENDANT PASS RENEWAL (Please complete this application in full) | | | | | |
| Contact Information | | SECTION 1 | | | |
| Cardholder Name: _____ Date of Birth (dd/mm/yy): _____ Current Attendant Pass #: _____ Expiry Date: _____ Mailing Address _____ City: _____ Postal Code: _____ Email: _____ Phone (Home): _____ Phone (Cell): _____ Caregiver (if Applicable): _____ Phone: _____ | | | | | |
| Support Type (Please choose the option which is required most often) | | SECTION 2 | | | |
| <input type="checkbox"/> Wheelchair Seating <input type="checkbox"/> Regular Seating <input type="checkbox"/> Other Specific Requirements: _____ _____ | | | | | |
| Photograph | | SECTION 3 | | | |
| <input type="checkbox"/> Please use photo on file <input type="checkbox"/> Please use attached photo <input type="checkbox"/> A new photo will be emailed inclusion@stjohns.ca | | | | | |
| Referral Information | | SECTION 4 | | | |
| Please indicate your referral name or organization. An official signature is NOT required. Name of Referral: _____ Position: _____ Organization: _____ Phone: _____ | | | | | |
| Privacy Notice | | SECTION 5 | | | |
| Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manager of Healthy City & Inclusion at 576-8020 or email inclusion@stjohns.ca | | | | | |
| For Office Use Only | | | | | |
| Date Received: _____ Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Pass Number: _____ <input type="checkbox"/> Mail Out <input type="checkbox"/> Pick Up | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Please return completed forms to: Inclusive Services </td> <td style="width: 33%; vertical-align: top;"> City of St. John's Recreation Division P.O. Box 908 St. John's, NL A1C 5M2 </td> <td style="width: 33%; vertical-align: top;"> For further information: Phone: (709)576-4556 Fax: (709)576-2308 Email: inclusion@stjohns.ca </td> </tr> </table> | | | Please return completed forms to: Inclusive Services | City of St. John's Recreation Division P.O. Box 908 St. John's, NL A1C 5M2 | For further information: Phone: (709)576-4556 Fax: (709)576-2308 Email: inclusion@stjohns.ca |
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ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA