**JOSEPH CALEB AUDITORIUM**

**Miami Dade County Department of Cultural Affairs**

5400 NW 22 Avenue Building #B

Miami, Florida 33142

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Field Trip  Date Requested |  | | Name of Show |  | | | | | | | | | |
| Name of Organization |  | | | | | | | | | | | | |
| Street Address |  | | | | | | | | | | | | |
| City |  | | | | | Zip Code | | |  | | | | |
| Phone |  | | | | | | | | | | | | |
| Contact Name |  | | | | | | Cell Phone | | |  | | | |
| Contact E-mail |  | | | | | | | | | | | | |
| Grades |  | | | | | | | | | | | | |
| # of Classes: |  | Avg. # of Students Per Class | | |  | | | | Total # of Students | | |  | |
| # of Chaperones |  | | | | | | | | | | | | |
|  | We require a wheelchair accessible bus | | | | YES | NO | | # of Wheelchair users | | | | |  |
|  | We require wheelchair accessible seating | | | | YES | NO | | # of Wheelchairs user | | | | |  |
|  | We require Assistive listening Devices | | | | YES | NO | | # of individuals requiring ALDS | | | | |  |
|  | We require an ASL Interpreter | | | | YES | NO | | # of individuals requiring ASL | | | | |  |
|  | We require Open Captioning | | | | YES | NO | | # of individuals requiring OC | | | | |  |
|  | We require noise cancelling headsets | | | | YES | NO | | # of individuals requiring noise cancelling head sets | | | | |  |
|  | We require Braille materials | | | | YES | NO | | # of individuals requiring Braille | | | | |  |
|  | We require Audio description | | | | YES | NO | | # of individuals requiring AD | | | | |  |
| Other Needs (please explain) |  | | | | | | | | | | | | |
| Approved By |  | | | | | | | | | | Date |  | |