

# ACCESS 2 ENTERTAINMENT™ CARD APPLICATION FORM

As at: June 2007



## **SECTION A**

The **Access 2 Entertainment™** card provides free admission (or a significant discount) for support persons accompanying a person with a disability at member movie theatres across Canada. The person with the disability pays regular admission. This program was developed by an advisory group of nine national disability organizations, in conjunction with Cineplex Entertainment.

Persons with a permanent disability who require a support person when attending a movie theatre are eligible for the card. The applicant must agree to follow the terms and conditions for use of the card (see below).

A support person is an individual who accompanies a person with a disability to provide those services that are not provided by theatre employees, such as assisting the person with eating, administering medication, communication and use of the facilities.

We are pleased to have been able to offer the first 20,000 cards free in the first year. From September 1, 2006 onwards there will be a \$20 fee to acquire the Access 2 Entertainment Card. The card will be valid for 5 years and will include 2 free movie passes valued at approximately \$20.00.

There are two steps to apply for the card.

1. The applicant must pay a \$20 administrative fee to receive
  - an Access 2 Entertainment card (valid for 5 years), and
  - 2 free movie passes valued at approximately \$20

**Note:** A cheque or money order for \$20 can be made payable to Easter Seals Canada. We are unable to accept credit cards or cash.

2. If the applicant has a CNIB client ID card, **or** the Disability Travel Card™ (issued by Easter Seals Canada),
  - Complete Section B.
  - Attach a photocopy of either the CNIB client ID card, **or** the Disability Travel Card. Do not send originals.

**Note:** With either of these cards, Section C is not required.

OR

- If the applicant does not have a CNIB client ID card, **or** the Disability Travel Card,
- Complete Section B.
  - Have your health care provider complete Section C, and attach to Section B.
  - The application for the **Access 2 Entertainment** card must be verified by a Registered Health Care Provider as defined in this application form.

**Note:** The applicant must be a client/patient of the authorizing health care provider.

**TERMS AND CONDITIONS:**

1. The applicant must pay a \$20 administrative fee to acquire the **Access 2 Entertainment card**.
2. The application form must be submitted by a person with a disability or a legal guardian on his or her behalf.
3. The applicant must be identified as having a disability by a registered health care provider or a recognized service provider and he/she must be a client/patient of the authorizing health care professional/service provider.
4. The applicant must present the **Access 2 Entertainment** card along with personal identification at the movie theatre Box Office when purchasing his or her own movie ticket.
5. The person with a disability and support person must attend the movie together.
6. The discounted admission fee for the support person will be free or no more than \$3.00. Prices may vary from theatre chain to chain.
7. This program is administrated by Easter Seals Canada on behalf of the **Access 2 Entertainment Partners**. **Please allow 4 to 6 weeks for processing of your application and delivery of your Access 2 Entertainment card. (Note: If your \$20 fee is not included in your application. Your application will be held until the fee is received. This will increase the amount of time it takes to process your application).**
8. This card shall be valid for a period of 5 years from date of issue after which a renewal application form must be filed with Easter Seals Canada with a renewal fee TBA.
9. There is a \$20 replacement fee for a lost or stolen card.
10. Misuse or abuse of this card shall result in the immediate termination and confiscation of the card and its privileges.
11. These terms and conditions are subject to change without notice under the authority of the Access 2 Entertainment Partners.

**SECTION B: PERSONAL INFORMATION**

**PLEASE PRINT CLEARLY**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a:

CNIB client ID card **or**

Disability Travel Card (issued by Easter Seals)

If yes, tick (✓) the appropriate box and attach a copy of the card. Do not send originals.

**If no, complete Section B and have your health care provider fill out Section C.**

**PLEASE NOTE:**

We are unable to process your application without the \$20 administration fee.

**PRIVACY:**

Easter Seals Canada is committed to protecting the privacy, confidentiality, accuracy, and security of any personal information that we collect, use, retain, and disclose in the course of the services we offer.

I hereby certify that I have read and understood all the terms and conditions as set forth in the application for the **Access 2 Entertainment** card.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C: HEALTH CARE PROVIDER INFORMATION**

**PLEASE PRINT CLEARLY**

Name of Applicant: \_\_\_\_\_

Name of Authorized Health Care Provider:  
\_\_\_\_\_

Registration Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate (✓) the category of Authorized Health Care Provider:

- Physician
- Nurse (RN or RNA)
- Social Worker
- Occupational Therapist
- Physiotherapist
- Pharmacist
- Rehabilitation Counsellor
- Audiologist
- Recreational Therapist
- Kinesiologist
- Psychologist

Other (explain): \_\_\_\_\_

**PRIVACY:**

Easter Seals Canada is committed to protecting the privacy, confidentiality, accuracy, and security of any personal information that we collect, use, retain, and disclose in the course of the services we offer.

I hereby certify that the applicant is a person with a disability in accordance with the provisions of the **Access 2 Entertainment** card application and this applicant is a client/patient of mine.

Health Care Provider's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION D: ACCESS 2 ENTERTAINMENT™ CARD PARTNERS**

**Participating Theatre Chains Include:**

Cineplex Odeon Cinemas

[www.cineplex.com](http://www.cineplex.com)

Galaxy Cinemas

[www.cineplex.com](http://www.cineplex.com)

Famous Players Cinemas

[www.cineplex.com](http://www.cineplex.com)

SilverCity Cinemas

[www.cineplex.com](http://www.cineplex.com)

Colossus Cinemas

[www.cineplex.com](http://www.cineplex.com)

Coliseum Cinemas

[www.cineplex.com](http://www.cineplex.com)

Empire Theatres

[www.empiretheatres.com](http://www.empiretheatres.com)

Landmark Cinemas

[www.landmarkcinemas.com](http://www.landmarkcinemas.com)

Rainbow Cinemas

[www.rainbowcinemas.ca](http://www.rainbowcinemas.ca)

Magic Lantern Cinemas

[www.rainbowcinemas.ca](http://www.rainbowcinemas.ca)

AMC Theatres

[www.amctheatres.com](http://www.amctheatres.com)

Capital Theatres (Yellowknife)

Theatre Near You (Burnaby, Surrey, New Westminster BC)

... and other Members of the Motion Picture Theatres Associations of Canada. Check with your local theatre to confirm participation in this program.

## **National Advisory Group of Disability Organizations**

Canadian Abilities Foundation

Tel: (416) 923-1885

Web: [www.abilities.ca](http://www.abilities.ca)

Canadian Association of the Deaf

Tel: (613) 565-2882

TTY: (613) 565-8882

Web: [www.cad.ca](http://www.cad.ca)

Canadian Association of Independent Living

Tel: (613) 563-2581

TTY: (613) 563-4215

Web: [www.cailc.ca](http://www.cailc.ca)

Canadian Hard of Hearing Association

Tel: (613) 526-1584

Toll Free: (800) 263-8068

Web: [www.chha.ca](http://www.chha.ca)

Canadian Paraplegic Association

Tel: (613) 723-1033

Web: [www.canparaplegic.org](http://www.canparaplegic.org)

Easter Seals Canada

Tel: (416) 932-8382

Web: [www.easterseals.ca](http://www.easterseals.ca)

Multiple Sclerosis Society of Canada

Tel: (416) 922-6065

Toll Free: (800) 268-7582

Web: [www.mssociety.ca](http://www.mssociety.ca)

Alliance for Equality of Blind Canadians

Tel: (800) 561-4774

Web: <http://www.blindcanadians.ca>

People First Of Canada

Tel: (204) 784-7362

Toll free: (866) 854-8915

Web: [www.peoplefirstofcanada.ca](http://www.peoplefirstofcanada.ca)

**This program is administrated by Easter Seals Canada.**

**Before submitting your application, see Application Form Checklist.  
Please mail your application form, a cheque or money order to Easter Seals Canada for \$20 and a self-addressed, stamped, business-sized envelope to:**

**Access 2 Entertainment  
C/O Easter Seals Canada  
90 Eglinton Avenue East, Suite 208  
Toronto, Ontario  
M4P 2Y3**

**Please allow 4 to 6 weeks for processing of your application and delivery of your Access 2 Entertainment card.**

For more information and regular updates, please visit our website at [www.access2.ca](http://www.access2.ca)

Additional application forms are available from all members of the Access 2 Entertainment Card Partnership.

**To locate accessible resources and access to entertainment partners in your community, please visit Access Guide Canada at [www.abilities.ca/agc](http://www.abilities.ca/agc).**



**Access 2 Entertainment™** is a trademark of Easter Seals™ Canada.

**ACCESS 2 ENTERTAINMENT CARD  
APPLICATION FORM CHECKLIST**

- Has Section B been completed by, or on behalf of, a person with a disability?
- If the applicant has a CNIB client ID card, **or** the Disability Travel Card (issued by Easter Seals), did you include a PHOTOCOPY of the client ID card? (Do not send original cards.), **OR**
- If the applicant does **not** have a CNIB ID card or the Disability Travel Card, is Section C signed and dated by a health or service provider (NOT a family member)?
- Are you sending Section B and Section C of the application form only? (It is not necessary to return the entire application form).
- Have you enclosed a cheque or money order for \$20 made payable to Easter Seals Canada?
- Have you enclosed a self-addressed, stamped, business-size envelope?