

♪ **Border Lakes Region 2** ♪
Sweet Adelines International
2017 Regional Convention

SPECIAL NEEDS

In order to facilitate adequate transportation of competitors, please identify all special needs as categorized below. A member of the Competition Team will follow-up as necessary to make sure we understand your needs and work to accommodate them as much as possible. Please note that riser chairs, wheelchairs, walkers and other special equipment will not be provided and are the responsibility of the member/chorus.

THIS FORM MUST BE RECEIVED BY February 21, 2017

Mail completed forms to: **Nancy Swift**, nancywazswift@hotmail.com

2035 Burdic Dr., Troy, MI 48085

CHORUS NAME: _____
Name of Chorus Contact _____ Contact Phone # _____
Contact Email _____

DUAL MEMBERS COMPETING WITH TWO CHORUSES (Please list all members by name and note the name of the second Chorus)

PHYSICALLY CHALLENGED MEMBER(S) (Provide the **number** of members who require assistance as noted):

Quantity

- _____ Handicap Seating in Auditorium
- _____ Riser Chair
- _____ Walker/wheelchair in pattern but ABLE to do steps (onto buses)
_____ requires assistance of wheelchair lift (for buses)
- _____ Other Please detail on reverse side

Changes to the above information should be communicated to Mary Patrick via email to mapatrick1@sbcglobal.net prior to April 17, 2017.