

♪ **Border Lakes Region 2** ♪  
**Sweet Adelines International**  
**2018 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 22, 2018**

Mail completed forms to: **Nancy Swift**, [nancywazswift@hotmail.com](mailto: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](mailto:mapatrick1@sbcglobal.net) prior to April 17, 2018.