

Border Lakes Region 2

Sweet Adelines International 2010 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 POSTMARKED BY FEBRUARY 12, 2010

Mail completed forms to: Jeanie Kelsey, 6125 Foothills Trail, Gaylord, MI 49735
Ph: (989) 939-8211 Email: jskelsey@alphacomm.net

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)

_____ Require assistance of wheelchair lift (for buses)

_____ Other. Please detail on reverse side.

Changes to the above information should be communicated to **Henny Ford** via email to hennyford@sympatico.ca prior to April 9th, 2010.