



2019 Region 11 Competition

# QUARTET Needs Assessment Form

**Deadline: April 1**

Return this form **ONLY** if necessary.

Quartet \_\_\_\_\_

Contestant # \_\_\_\_\_

Contact \_\_\_\_\_

Cell phone \_\_\_\_\_

*(text-enabled)*

\_\_\_\_\_ Our quartet will have a 5th person with us in the traffic pattern (coach or personal hostess). We understand that this person is required to attend the Hostess Briefing from 9:00 to 10:00 on Friday morning.

*5th person's name* \_\_\_\_\_

*Cell (text-enabled)* \_\_\_\_\_

*Email* \_\_\_\_\_

\_\_\_\_\_ Our coach or personal hostess will ride with us from our hotel to the Convention Center  
*(If you do not submit this form by March 10, you will be assigned a smaller van that will carry only the driver and your quartet.)*

\_\_\_\_\_ A member of our quartet is unable to climb stairs and we wish to use the accessible warm-up room

\_\_\_\_\_ A member of our quartet is on crutches / uses a walker and we wish to use the accessible warm-up room

\_\_\_\_\_ A member of our quartet needs transportation / handicap accessibility (walker, wheelchair or scooter)  
*(A member of the quartet or a personal assistant must be responsible for pushing the wheelchair. This person is required to attend the Hostess Briefing from 9:00 to 10:00 on Friday morning at the Convention Center.)*

\_\_\_\_\_ the equipment will fold and fit in the back of a van. The quartet is responsible for providing an ADA Assistant to handle this.

\_\_\_\_\_ an extra ADA Assistant will ride with us on the van from our hotel to the Convention Center.

\_\_\_\_\_ the equipment will not fit in the back of a van. The quartet will be responsible for transporting the quartet member in a personal vehicle.

Email completed form to: Suzanne Lunak • [randomzan@yahoo.com](mailto:randomzan@yahoo.com)