



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