



2012 Region 11 Competition

Competitor Needs Assessment Form

***Return this form ONLY if necessary.
Deadline: March 3***

Chorus / Quartet: _____

Contact: _____

Phone: _____

E-mail: _____

- A member of our chorus/quartet is unable to climb stairs
- Our chorus will be using _____ chair(s) on the risers
(quantity)
- A member of our chorus/quartet needs handicap accessibility (wheelchair)
- A member of our chorus/quartet is on crutches / uses a walker
- Other *(please specify)*: _____

Our chorus/quartet would prefer to have an individual hostess to assist us throughout the traffic pattern *(in addition to the convention hostesses provided at various points throughout the pattern)*. We understand that we must select our own hostess and that she is required to attend the Hostess Briefing from 9:00-10:00a on Friday morning at the Convention Center.

Name of personal hostess: _____

Email: _____ Cell: _____

Mail form to: Leah Rippetoe • therippetoes@hotmail.com
128 Countrywood Circle • Las Vegas, NV 89107