APPLICATION FOR HANDICAP SEATING

This Form Must Be Turned in by Friday May 4th.

Please return this form to the Media Center or your 2nd Block teacher.

***Please print.

Student’s name: ________________________________________________________
Homeroom teacher: ___________________________________________________

Name of person(s) requiring special seating: __________________________________
______________________________________________________________________

Number of handicapped tickets needed: __________

Relationship to student: _______________________________________________
______________________________________________________________________

If space becomes a problem, can this person sit alone? ______________________

Will this person be in a wheelchair? _____________________________________

Handicap seating tickets, will come out of the student’s 8 ticket allotment.
The number depends on whether the handicap person wants to sit with someone else from
the family or alone. A whole family cannot sit in the handicapped area, so please do not ask
for more than is absolutely necessary. We have only a limited number of handicap seats.

We will make every effort to accommodate each and every person. Please understand the
need for policies concerning these seats. People sitting in the handicap area may not stand
nor leave their seats to take pictures. Picture taking must be done from your seat while you
are sitting. We also ask that you remain in this area until all the seniors have left the
coliseum. This is their day and we would like everyone to remain until they have filed out.
Leaving this area earlier could pose a safety hazard.

Times for distributing tickets are located on other pages of this packet. After the initial
ticket handout at June 6th practice, all tickets will be passed out at specified times.

Parent’s signature: ______________________________________________________