

SINGLE GAME TICKET REQUEST DISABILITY NEEDS FORM  
Information Requested

Ticket Holder: \_\_\_\_\_

Person with Disability: \_\_\_\_\_ Relationship: \_\_\_\_\_

Description of needs/disability (please be as detailed as possible):

Description of functional limitation:

- Mobility [*specify below*]                       Vision [*specify below*]  
 Hearing [*specify below*]                       Other [*specify below*]

Is a mobility device (wheelchair, cane, walker, etc.) needed?

- Yes [*specify*] \_\_\_\_\_  No

Is condition permanent?     Permanent     Less than 60 days     60 days or longer [*specify*]

Is condition severe?     Mild     Moderate     Severe

Is an accommodation requested?     No     Yes [*If yes, specify below*]

- Accessible seat                       Service animal                       Other [*specify below*]  
 Companion seat                       Assistive listening

Please specify the preferred seating arrangement for this disability:

- Space for a wheelchair – Number of wheelchairs \_\_\_\_\_  
 Stadium chair (installed purple chair) – Number of stadium chairs \_\_\_\_\_  
 Stacker chair (movable plastic chair without arms) – Number of stackers \_\_\_\_\_

Additional comments:

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone