

NAME: _____ ADDRESS: _____



REQUEST OF ALLY FORM

Taking care of your needs on the event day

MY NEEDS

Allergies:

Preferred Medical
Facility:

Hobbies:

Medical/Mobility Aids:

Special Needs:

Preferred Assisting Ally's Gender

- ☐ Female
☐ Male
☐ Other/ANY

On a scale of 1-8, how sensitive to
overstimulation are you, with one
being low and eight being high.

1 2 3 4 5 6 7 8

**Will you need snacks
or food provided?**

- ☐ YES
☐ NO

**Will you need a picnic
blanket?**

- ☐ YES
☐ NO

**Will you need a chair
provided?**

- ☐ YES
☐ NO

I consent to having a volunteer accompany me.

SIGNATURE

DATE