

Request for Accommodation Form (ADA and Other)

The Colorado FFA Association is committed to providing equal access to our events and activities for all people. Use this form to request accommodation or assistance, **due at the time of registration**. All information submitted in this form will be kept confidential. Our staff will review the request upon receipt and contact the requestor with additional information if needed. Please email this form to: csuaged@coaged.com

The organization cannot guarantee accommodation or assistance if a form is received less than 7 days before an event.

The organization may request the assistance of the student's local school to provide staff to provide staff to assist with the accommodations.

Reason for completing this form:

ADA Accommodation Request

Allergy Notification

Special Dietary Request

Special Request/Accommodation that impacts participation in the program/event selected in this form.

Request for Translation/Interpretation for the program/event selected in this form

Other:

Today's Date:

Participant First Name:

Participant Last Name:

Participant's Email:

Participant's Phone Number:

Parent/Guardian First Name:

Parent/Guardian Last Name:

Parent/Guardian's Email:

Parent/Guardian's Phone Number:

FFA Chapter Name:

FFA Chapter ID:

Advisor's Name:

Advisor's Phone Number:

Advisor's Email:

CDE Event(s) student is participating in:

Questions to Clarify Accommodation(s) and/ or Assistance Requested

Please describe the accommodations you are requesting. If request is allergy related, share to what type of exposure is the reaction related (ingested, contact, inhaled, etc.):

If you have received accommodations for a previous FFA events, please list the accommodation you have received:

Name of the Individual Submitting Request

First Name:

Last Name:

Relationship to the Participant:

Email: