



MOBILITY IMPAIRED SEATING APPLICATION FORM 2018-19

The South Australian Cricket Association has mobility impaired seating (including wheelchair spaces) available for Members who require these spaces.

Seats are limited and Members wanting to reserve mobility impaired seating or wheelchair spaces during any Cricket Australia International cricket matches are required to complete this form and submit to SACA Membership by the due date.

Once approved, members will be sent a *Mobility Impaired Seating Form* requesting them to choose match dates in which they wish to reserve seats for. Guests/carers must have access to the venue and Member's area via their own Member Card, Transferable Card or Guest Passes (on selected match days). There is a strict limit of two reserved seats per member.

Member Number:	
Name:	
Postal Address:	Post Code:
Residential Address:	Post Code:
Email:	
Phone No:	

I understand that the allocated seating is strictly non-transferrable. Mobility impaired seating is limited and reservations will be processed as they are received until allocation is exhausted.

Signed by SACA Member: _____ **Date** _____

The following section is to be completed and signed by the SACA Members' Medical Professional

I have assessed the below mentioned patient and can confirm the following details:

Name of SACA Member _____ **Date of Birth** / /

I confirm that the above mentioned member has a mobility impairment that will require them to apply for mobility impaired seating.

Please provide details of the members specific accessible seating requirements to assist SACA to assign the most suitable seating area to the member by ticking only the relevant boxes.

- | | |
|--|---|
| <input type="checkbox"/> Unable to negotiate steps | <input type="checkbox"/> Wheelchair required |
| <input type="checkbox"/> Assistance Dog required | <input type="checkbox"/> Electric Mobility Scooter required |
| <input type="checkbox"/> Mobility aid required: walking frame / walking stick / crutches | <input type="checkbox"/> Visually impaired cane |

Other details required: _____

Is the member's mobility impairment a permanent impairment? No Yes

Name of Medical Professional: _____

Address of Medical Practice: _____

Signed by Medical Professional: _____ **Date** _____

Please return your completed form to SACA Member Services, Po Box 545, SA 5006 or email membership@saca.com.au by **Monday 24 September 2018**