



ACCESSIBLE SEATING APPLICATION FORM



SACA has accessible seating and wheelchair spaces available for Members upon application. Members needing access to accessible or wheelchair spaces are required to complete this form and submit to SACA Membership.

Please email your completed form to membership@saca.com.au **or** post to Member Services, PO Box 545, North Adelaide SA 5006

Accessible Seating Application

Member Number:

Name:

Postal Address:

Contact Number:

Email Address:

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

Signed by SACA Member:

Date:

Section to be completed and signed by the SACA Member's Medical Professional

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

Member Name:

Date of Birth:

The Member has a mobility impairment or the need for an easy access seat that will require them to apply for accessible seating.

Unable to negotiate steps

Wheelchair required

Assistance Dog required

Electric Mobility Scooter
required

Mobility Aid required

Easy access seat required

Other details:

Is the need for the Member to require an accessible seat permanent?

No

Yes

Name of Medical Professional:

Address of Medical Practice:

Signed by Medical Professional:

Date:

South Australian Cricket Association Ltd.

ABN: 44 623 135 393 | P: (08) 8300 3232 | E: membership@saca.com.au | W: saca.com.au