

**MAINE ACADEMIC DECATHLON**  
**• Special Request Form •**

\_\_\_\_\_ requests consideration of the special needs noted for member(s) of their Official Team and Official Coaches.

Name of Person Requiring Special Service

Wheelchair Ramps

---

---

---

Elevator Access

---

---

---

Special Diet (note specifics below)

---

---

---

Restrooms

---

---

---

Other (note specifics below)

---

---

---

---

---

---

---

---

---

---