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| --- | --- | --- | --- |
| **Name** |  | | |
| **Address** |  | | |
| **Phone** |  | **Alternate Phone** |  |
| **Email** |  | | |
| **USAWE Member No.** |  | | |

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| Briefly explain how your disability affects you in everyday living skills, e.g., strength, mobility, etc. Also include medical diagnosis. |
| List the compensating aids and adaptive equipment you are requesting. |
| List the exceptions to attire requested. |
| List any other allowances requested. |

**Please submit application to**: [competitions@usawe.org](mailto:competitions@usawe.org)