

Southwest Florida & Lee County Fair Association, Inc.
Accommodation Plan Request Form for the 2025 SWFL & Lee County Fair Fall Classic

This Accommodation Plan is for Fair Exhibitors with disabilities participating in our program.

This form must be completed by parent/guardian and turned into the Fair Office.

The Fair Office will maintain the original copy.

Name _____ Birth Date _____ Age (as of 9/1) _____

Phone _____ Email _____

Name of 4-H / FFA Club _____ Years in 4-H / FFA _____

Projects, Programs, Departments, etc. the member is participating in (please list all):

Describe youth's current diagnosis and present level of needs:

Please list accommodations that are requested to meet the youth member's needs:

Accommodation is: ☐ Approved as is.

☐ Approved with modifications.

(see attached, Fair Manager must sign
all attached documents.)

Add pages as needed to adequately complete information requested on this form.

I agree to adhere to the accommodations specified in this plan. I (parent/guardian) give permission to share information provided on this form with Show staff, volunteers, and other adults as necessary. I understand that this information will only be shared and used as necessary to provide assistance to helping my child achieve full potential with his/her participation at the 2025 SWFL & Lee County Fair Fall Classic and that occasionally additional information on accommodation needs may be requested.

Parent/Guardian Signature

Date

Fair Manager Signature

Date

Members Signature

Date