

Santa Barbara Arts and Crafts Show
Request for Accommodation

Please review the Arts and Crafts Show Procedures and Regulations Section regarding Handicapped Spaces.

Today's Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

What is the nature of the disability?: _____

Briefly describe the effects of your disability and how it might impact your function in Arts and Crafts Show?: _____

Which space are you applying for and how does this space address your specific needs?:

(Attach additional supporting documents including physician's recommendations if necessary)

Is this request for accommodation due to a temporary or permanent disability? _____

Signature _____ Date _____

Permit Holder

Please Return to:
City of Santa Barbara
Arts & Crafts Show
100 E. Carrillo St.
Santa Barbara, Ca. 93101
Fax: 805-897-2520

Office use only:

Art Section Craft Section

Assigned Space: _____

Date Assigned _____