



Parks and Recreation Department ACCOMODATION REQUEST FORM

If you are requesting any type of modification for the participant, you must submit a **completed Inclusion Request form at least 14 business days** prior to the start of the program. Once a request is received, you will be contacted within 5 business days to schedule an assessment meeting to further discuss the needs of the participant.

PARTICIPANT INFORMATION

Participant Name _____ Date of Birth: _____

Program You Are Requesting Modifications For: _____

Location & Date of Program _____

Has the participant previously participated in a Parks and Recreation Program? YES NO

Nature of Limitations (appropriate examples include unable to walk long distances, unable to see far away, unable to hear certain sounds, etc.)

Please describe the requested modification/accommodation and provide any supporting documentation necessary to assist in processing the request. Attach additional pages if needed.

CONTACT INFORMATION

Name of Parent/Guardian(s) _____

Phone # _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Signature of Parent/Guardian: _____ Date: _____

Please e-mail this form to Stephanie Chelar at schelar@newbraunfels.gov or mail to:

Stephanie Chelar
New Braunfels Parks and Recreation
115 Elizabeth Street
New Braunfels, TX 78130