



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