

## City of Tempe Community Services Programs Inclusion Form

Please complete and submit the inclusion form to the City of Tempe prior to the start of the class, program, or activity the accommodation request pertains to. Please see the City of Tempe's Inclusion FAQs following this form for more information. *All sections need to be filled out by the participant or person[s] requesting.* 

	SECTION 1			
Name of Participant: Date of Birth : Name of Parent/Legal Guardian:				_
Address: State: Primary Phone Number:	Zip Code: Secondary Phone			
Email Address:	SECTION 2			
Program, Class or Activity Name: Program, Class or Activity Code: Location: Dates of program, session or season: Has the registrant previously participated in C	City of Tempe Programs before?	YES NO	NO	-
	SECTION 3			
What accommodations are you requesting  Adaptation or modification of instruction  Adaptation or modification of equipment  Other [please explain]:	Vision or Hearing Ir Sign Language Inte	rpreter		
	SECTION 4			
Please share details that you feel are impo	ortant for us to know when rev	iewing this request.		- -

This form may be submitted the following ways:

1. Email: samantha\_mason@tempe.gov

2. Mail or Drop Off: City of Tempe—Recreation Division, 3500 S. Rural Rd., Suite 201 Tempe, AZ 85282

\* ATTN: Samantha Mason\*