SPECIAL ACCOMMODATION REQUEST

Directions: *Please complete as many of the fields as possible.*
Attach additional pages if necessary.

*Fields with * are required.*

Return to: Education Department Program Manager
Point Defiance Zoo & Aquarium
5400 North Pearl Street
Tacoma, WA 98407
Phone: 253-404-3631 Fax: 253-591-5448

* Participant: _____*Phone Number(s):_____*Date:_____

*Contact Person/Parent/Guardian:_____ *Phone:_____

*Program Name:_____ *Date Program Starts:_____

Personal Goal for Program:_____

*Special Needs:_____

_____

Other:_____

* Guardian Signature:
_____Date:_____

* Participant Signature: (if an adult)
_____Date:_____

OFFICE USE:

Person Taking Request: _____ Date Received:_____

Date Sent to Program Manager: _____ Date Requestor Notified:_____

Date Sent to Inclusion Coordinator:_____