



ACCOMMODATION REQUEST

Directions: Please complete entire form, attaching additional pages if necessary.

Return to: Guest Engagement ~ Group Programs
Point Defiance Zoo & Aquarium
5400 North Pearl Street, Tacoma, WA 98407
OR reserve@pdza.org



Participant: _____ DOB: _____ Date of Request: _____

Contact Person/Parent/Guardian: _____ Phone: _____

Contact Email: _____ Alt. Phone: _____

Program: _____ Program Date(s): _____

Participant's Goal for Program/Activity: _____

Special Needs: _____

Other: _____

Guardian Signature: _____ Date: _____

(OR if over 18years old)

Participant Signature: _____ Date: _____

OFFICE USE:

Person Taking Request: _____ Date Received: _____

Phone Number: _____ Email: _____

Date Requester Notified: _____ Date Sent to MPT Inclusion Coordinator: _____