



# 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 [pdza.camps@pdza.org](mailto:pdza.camps@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: \_\_\_\_\_