



City of Redwood City Parks, Recreation & Community Services
Attn: Inclusion Coordinator
1455 Madison Avenue
Redwood City, CA 94061
Phone: (650) 780-7313 Fax: (650) 364-5399

Request for Accommodations

Participant:

Name: _____ Age _____
(First) (Last)

Address: _____

Phone
(home): _____ (work): _____

Parent/Guardian Name (if applicable):

Disability (voluntary information):

Accommodation Requested:

(STAFF COMPLETE)

Intake Staff Name:

Phone Extension or Email:

Name of Program:

Program Supervisor:

Name of Instructor:

Instructor Contact Information (Phone # or Email):

Location / Date & Time of Program:

Additional comments:

Before returning this request, please indicate the date each of the following was completed (if applicable).

- _____ Contact / Request Made to Recreation Department
- _____ Interoffice copy of registration form and request to Inclusion Coordinator
- _____ Registration Processed / Payment Made
- _____ Participant Contacted and Accommodations Confirmed
- _____ Notify program leader / instructor.