

# Inclusion Service Request Form

Illinois River Valley Special Recreation Association  
1715 Dragon Dr. Pekin, IL 61554 - Ph: 309.201.4005 - Fax: 309.353.1787



**To request a inclusion service for consideration please follow the below steps:**

1. Activity/Camp Name: \_\_\_\_\_

2. Activity/Camp Code: \_\_\_\_\_

3. Participant's Name: \_\_\_\_\_

4. Request being made: (ie: 1-on-1, accessible transport, interpreter, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please list reasoning or special needs or circumstances for this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Email this completed form to [casey@irvsra.org](mailto:casey@irvsra.org), fax to fax the number above, or deliver to the IRVSRA Rec. Center office above.

7. IRVSRA administration will review your request. We hope to give you an answer in 3 or less days.

8. You: The Requestor's Signature: \_\_\_\_\_

(Parent or Guardian of Participant)

Revision Date: 10/17/18

**Office Use Only:**

Date Received: \_\_\_\_\_

Employee Initials \_\_\_\_\_

Notes: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Outcome: (approved) (denied) Notified: (Y) (N) Date: \_\_\_\_\_