



*A cooperative program of the  
Champaign and Urbana Park Districts*

## CAMP INCLUSION REQUEST FORM

Participant Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ (work): \_\_\_\_\_ (home): \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Disability (if known): \_\_\_\_\_

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Park District: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Program Supervisor: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Dates: From \_\_\_\_\_ - To \_\_\_\_\_ Days: \_\_\_\_\_

Time: \_\_\_\_\_ Number of program weeks: \_\_\_\_\_

Location / Room # \_\_\_\_\_

No program dates: \_\_\_\_\_

Reason for Request : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

- \_\_\_\_\_ Park District contacted family
- \_\_\_\_\_ Fax or e-mail copy of registration form and request to CUSR Inclusion Coordinator.
- \_\_\_\_\_ Copy registration form for the Park District Supervisor.
- \_\_\_\_\_ Notify program leader.

Please email to [grace.rolnicki@champaignparks.com](mailto:grace.rolnicki@champaignparks.com) or fax to attention CUSR Inclusion Coordinator at 217-373-7951. Any questions please contact CUSR at 217-239-1152.