



**City of Tempe
Community Services Programs
Inclusion Form**

Please complete and submit the inclusion form to the City of Tempe prior to the start of the class, program, or activity the accommodation request pertains to. Please see the City of Tempe’s Inclusion FAQs following this form for more information. *All sections need to be filled out by the participant or person[s] requesting.*

SECTION 1

Name of Participant: _____ Date of Birth : _____
 Name of Parent/Legal Guardian: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Tempe Resident? YES NO
 Primary Phone Number: _____ Secondary Phone Number: _____
 Email Address: _____

SECTION 2

Program, Class or Activity Name: _____
 Program, Class or Activity Code: _____
 Location: _____
 Dates of program, session or season: _____
 Has the registrant previously participated in City of Tempe Programs before? YES NO
 Has the registrant previously participated in City of Tempe Adapted Recreation Programs before? YES NO

SECTION 3

What accommodations are you requesting?

Adaptation or modification of instruction Vision or Hearing Impairment
 Adaptation or modification of equipment Sign Language Interpreter
 Other [please explain]: _____

SECTION 4

Please share details that you feel are important for us to know when reviewing this request.

This form may be submitted the following ways:
1. Email : collette_prather@tempe.gov
2. Mail or Drop Off: City of Tempe Adaptive Recreation, 715 W. 5th St., Tempe, AZ 85281
 * ATTN: Collette Prather *