Special Request Form

The purpose of this document is to indicate to all event staff any needs your group may have.

We will always aim to go above and beyond to meet the needs of your students when able. Know that we will do all we can to assist the needs of your student, but at times are limited based on the circumstances or camp situation. Once we have received this document, a director will respond.

Please Review, Complete and Notate Needs

Name of Individual with Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Individual with Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender of Individual with Disability: \_\_\_\_\_ Male \_\_\_\_\_ Female

Parent Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the following to indicate the type of special need for this individual:

\_\_\_\_\_ Physical Disability (Wheelchair Access Needed)

\_\_\_\_\_ Physical Disability (Wheelchair Access Not Needed)

\_\_\_\_\_ Blind

\_\_\_\_\_ Deaf or Hearing Impaired

Are you bringing an interpreter? \_\_\_\_ Yes \_\_\_\_ No

Would you like reserved seating? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_ Other Disability - Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_ Food/Substance Allergy – Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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North Canton Church of Christ | 1301 E Maple St. | North Canton, OH 44720 | 330-224-7156