

Inclusion Service Request Form

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



Does your participant's disability necessitate extra assistance to successfully participate in an IRVSRA program? To request a inclusion service for consideration please follow the below steps. We will do our best to accommodate if able.

1. Activity/Camp Name: _____

2. Season/Year: _____

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 *info@irvsra.org*, fax to fax the number above, or deliver to the IRVSRA Rec. Center address 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)

Revision Date: 12/17/20

Office Use Only: Date Received: _____ Employee Initials _____

Notes: _____

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