

Date Rec'd: \_\_\_\_\_

Northern Will County Special Recreation Association  
10 Montrose Drive, Romeoville, IL. 60446/Phone 815-407-1819/Fax 815-407-1829

# Disability Awareness Request Form

Agency/Club/School: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_/©\_\_\_\_\_ E-Mail: \_\_\_\_\_

Program Day/Date: \_\_\_\_\_ Time: \_\_\_\_\_

# of Participants: \_\_\_\_\_ # of Teachers/Leaders: \_\_\_\_\_

FEES: **\$5/Participant/Leader** Donation Option: \_\_\_\_\_

**Please select which Program Area the agency/class would like to participate in and indicate the activity you would like to do.**

\_\_\_ Physically Disability                      \_\_\_ Activity\_\_\_\_\_

\_\_\_ Visual impairment                      \_\_\_ Activity\_\_\_\_\_

\_\_\_ Deaf/Hard of Hearing                      \_\_\_ Activity\_\_\_\_\_

\_\_\_ Cognitive Impairments                      \_\_\_ Activity\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Program is held at the Northern Will County Special Recreation Association office.

Requests are will be filled on a first come basis.

Please return form to Ashlee O'Hern at aohern@nwcsra.org or by fax at 815-407-1829.