



Orangevale Recreation & Park District Reasonable Accommodation Request Form

Please Print Legibly

I am requesting an accommodation that will allow me or my child to participate in an Orangevale Recreation & Park District offered program, activity, or service. (Please note that OVparks requests a two week notice to ensure your accommodation can be met.)

Date: _____

Name of participant in need of accommodation: _____

Parent/Guardian's Name: _____

Address: _____
Street Apt# City State Zip

Home Phone: _____ Cell Phone: _____

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Program Name: _____

My specific functional limitation is: _____

Describe the accommodation being requested: _____

Describe how the accommodation will assist you in participating in the activity, program or service offered by the Orangevale Recreation & Park District: _____

Signature

Date