



**Inclusion Notification Form (INF)**

Participant Name: \_\_\_\_\_ Age \_\_\_\_\_

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

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Disability (if known): \_\_\_\_\_

Name of Program: \_\_\_\_\_

Dates: *From* \_\_\_\_\_ - *To* \_\_\_\_\_ Days: \_\_\_\_\_

No program dates: \_\_\_\_\_

Time: \_\_\_\_\_ Number of program weeks: \_\_\_\_\_

Location: \_\_\_\_\_

**OFFICE USE ONLY BELOW THIS LINE:**

-----  
Program Supervisor: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Before returning this request, please indicate the date each of the following was completed (if applicable).**

\_\_\_\_\_ Copy of registration form and request to the Superintendent of Recreation

\_\_\_\_\_ Department contacted family

\_\_\_\_\_ Copy registration form for the program supervisor.

\_\_\_\_\_ Notify program leader.

**Please fax this form and the registration form to (309) 434-2483 to Bloomington Parks, Recreation & Cultural Arts, attention Barb Wells, or e-mail to [bwells@cityblm.org](mailto:bwells@cityblm.org)**

**For any questions, please call (309) 434-2260.**