

# PACER FUN TIMES ~ Participant Interest Form

Please complete the following information and return to PACER Center via fax or mail. If you have any questions please contact the FUN TIMES Project at PACER Center.

1. Participants's name: \_\_\_\_\_ Email: \_\_\_\_\_  
School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Participants's Home Phone: \_\_\_\_\_ Participants's Cell Phone: \_\_\_\_\_
2. Mother's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address : \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from above)  
Phone Day: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_
3. Father's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address : \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from above)  
Phone Day: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_
4. Participants's Disability: \_\_\_\_\_
5. Any special notes or information that PACER should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Why do you want to participate in FUN TIMES? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Activities that you think would be fun and interesting (may use back of the sheet)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

