

PACER FUN TIMES – Participant Interest Form

Please complete the following information and return to PACER Center. If you have any questions please contact the FUN TIMES Coordinator at PACER Center.

1. **Participants' name:** _____

School: _____ Grade completed: _____ Age: _____

Address: _____ City: _____ Zip: _____

Participants' phone: _____ **Email:** _____

2. **Parent 1:** _____

Address : _____ City: _____ Zip: _____

(if different from above)

Phone Day: _____ Evening: _____ Cell: _____

Email: _____

3. **Parent 2:** _____

Address : _____ City: _____ Zip: _____

(if different from above)

Phone Day: _____ Evening: _____ Cell: _____

Email: _____

Does the participant have a disability? Yes No

Does the participant need any accommodations to participate, or is there information you want PACER to know?

Why does the participant want to be involved in FUN TIMES? _____

Activities that the participant thinks would be fun and interesting? _____
