

Leadership Training for Christ Southwest
SPECIAL NEEDS OR CONCERNS FORM

Participant: _____

LTCSW ID#: _____

Congregation: _____

Grade: _____

Church Coordinator: _____

Age: _____

<p>Events in which this participant is registered:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>

Describe the Special Needs or Concerns for this participant:

This form must be submitted by the Church Coordinator only and submitted to Leanne Farr. This form, and the information given on it, will be held in the strictest confidence by LTCSW.