

Special Needs or Concerns Form

Participant's Name: _____

Participant's Age: _____ **Participant's Grade:** _____

Events this participant is registered in:

1. _____
2. _____
3. _____
4. _____
5. _____

Special Needs or Concerns for this participant:

This form shall be submitted by the church coordinator only and submitted to the Special Needs Coordinator (Josie DePasse) by the registration deadline. This information shall be held in confidence by Leadership Training for Christ – Southwest Region.