

ATTENDANT ADMISSION PROGRAM **APPLICATION - GROUP**

A. Number of att	tendants needed per	session:				
	For a family leisure to apply for the Gre	± '			0 1	
encourage wh	. If your group does not use a Family Leisure pass and prefers to use Individual Leisure passes, we encourage when applicable that the individuals with a disability apply for the City of Regina Individual Attendant Admission Program.					
Organization Inf Name:						
Name:			Postal Code:			
Program Contact Name & Title:	et:		_ Telephone:	E-mail		
	rhy you require a groor Attendant Admis	_		possible individu	ıal	
If yes, what a	ogram have a start a re the dates of the p e new participants w	rogram			No	
			ents: # of Individua	ıls		
Signature (Caregiver/Guardian may sign on behalf of the person with a disal			Date			
	quired to assist the pevoked at any time s				e activity. This	
To be completed	by City of Regina s	taff:				
Approved for an attendant:		Yes	No			
Comments:						
_	istration Clerk City of R	Regina				
Forward Applica	itions to:			Comm	nunity Services	