



PARTICIPANT APPLICATION

Participant Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Age of Participant: _____

Email: _____ Birthday: _____

Please share favorite activities and interests:

Please share any medical or behavioral needs or conditions:

Food, drug, or environmental allergies:

Please share any other information you would like us to know:

Thank you for participating in Connections that Count!

Please return this form to:

Holly Hoffman - gerki1hh@cmich.edu - 989-774-1812