



**CONNECTIONS**  
*That Count*

**CONNECTIONS THAT COUNT**  
**PARTICIPANT APPLICATION**

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Age of Participant: \_\_\_\_\_

Birthday: \_\_\_\_\_

Please share favorite activities and interests:

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Please share any medical or behavioral needs or conditions:

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(over)

Food, drug, or environmental allergies:

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Current medications:

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Thank you for participating in Connections that Count!  
We are looking forward to spending this year with you 😊

Please return this form to:  
Holly Hoffman  
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Central Michigan University  
989-774-1812