

Request Date _____

To: **PIONEERS**, West Suburban Pioneer Club

Re: "Therapist Letter of Recommendation" for a specially designed tricycle for a child with physical disabilities

Indicate Size: TOT (Therapy Oriented Tricycle), Pedal Powered
10" ___ age 1½-2½ 12" ___ age 2½-4½ 16" ___ age 4½-7 (depending on child's height)

Please Select () Add-On Details Required For Your Specific Request:

--Back Support, with Belt () --Pedal (Foot) Containments ()

Recipient Information:

Name _____ Gender: M F (circle one)

Age _____ Height _____ Disability _____

Parent/Guardian Information:

Name _____ Tel _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Therapist Information:

Name _____ Bus Tel _____

Business Address _____

City _____ State _____ Zip _____

Facility Associated with _____

Email Address _____

Signed: _____ (Therapist in attendance)

Mail Requests to:

Gordon & Connie Hankins
440 River Bluff Circle
Naperville IL 60540
630-355-7211 h 630-841-4542 c
Cmhankins42@yahoo.com
Ghankins99@aol.com