



Contact Sheet

Application to Develop a Lekotek Site

Applicant: _____

Applicant Host Agency: _____

Potential Lekotek Name: _____

Lekotek Address: _____

Telephone: _____ Fax: _____ Email: _____

Website: _____

Potential Administrator: _____

Title: _____

Telephone: _____ Fax: _____ Email: _____

Potential Lekotek Leader/s: _____

Title: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

This application is directed to an organization or individual interested in establishing a certified Lekotek site that serves children and families with special needs. Lekotek sites in the United States can exist as a partnership with hospitals, school districts, public libraries, and special recreation associations, as well as social and medical service agencies or at the established Lekotek host agency's other locations.

National Lekotek Center

www.lekotek.org • lekotek@lekotek.org • www.ableplay.org

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