

Games for the Visually Impaired

Montana School for the Deaf and the Blind 3911 Central Avenue, Great Falls, MT 59405

(406) 771-6000 FAX (406) 771-6164

2017 ATHLETE'S ENTRY FORM

ATHLETE'S NAME	Age	Date of Birth//
ADDRESS	HOME PHONE	
CITY	STATE	ZIP
PARTICIPATION LEVEL (PLEASE CHECK ONE LOW VISIONBLIND Participation A		
ATHLETES T-SHIRT SIZE Addition	al Tee Shirts will be availa	able for purchase during the Games.
ATHLETE WILL BE ACCOMPANIED BY		
I(Signature	(Signature of parent or guardian) (date) give my	
permission for (name) to p	participate in the 2017 Gar	mes for the Visually Impaired.
I (Signature of parent give my permission for media personnel.		
I would like athlete's lunches at no charge and at \$3.00 per lunch. Please pay for the lunches when y		lete's (parents, siblings, friends, etc.)
<u>SCHEDU</u>	JLE OF EVENTS:	
Pentathlon (ages 10-21)	DATE May 5, 2017	TIME 1:00pm-5:00pm
Games for the Visually Impaired Athletes 14 years and older, please select one of the fo	May 6, 2017 bllowing Gymnastics	8:30am- 2:30pm
Awards Ceremony and Raffle	May 6, 2017	2:30pm -3:00pm
We do not wish to attend the Games. Please do r	•	erature.

ALL APPLICATIONS MUST BE POSTMARKED BY APRIL 1st TO PROPERLY PREPARE, ORDER TEE SHIRTS and MATERIALS.