Registration Form

Focus and Goalball/Enrichment Weekend

- ☐ I want to register for Focus. (check which days you will attend)
  - ☐ Thursday, March 20, 2014
  - ☐ Friday, March 21, 2014

- ☐ I want to register for Goalball/Enrichment. (check which days you will attend)
  - ☐ Friday, March 21, 2014
  - ☐ Saturday, March 22, 2014

Student Name: _____Birthdate: _____
Grade: _____
Parent Name: _____
Parent Phone number: _____(h) _____(c)
Additional numbers: _____
Mailing Address: _____/_____/_____/_____

I need:

- ☐ Regular Print
- ☐ Large Print
- ☐ Braille

When traveling, I am:

- ☐ A cane user
- ☐ An independent traveler
- ☐ Needing support
- ☐ In a wheelchair

My dietary needs are:

- ☐ Vegetarian
- ☐ Gluten-free
- ☐ Dairy-free

(Please note: If your child needs a liquid or other restricted diet, please be prepared by bringing their own food. Thank you.)

My Outreach Consultant is: _____

Name and ages (under 18) of all people attending with you:

_____

_____

_____

_____

_____

Rooms are available in the cottage for no charge – they are on a first come first serve basis.

- ☐ **I plan to arrive Wednesday, March 19, 2014.**
  - **I will leave on _____.**
- ☐ **I plan to arrive Thursday, March 20, 2014.**
  - **I will leave on _____.**
- ☐ **I plan to arrive Friday, March 21, 2014.**
  - **I will leave on _____.**
- ☐ **I plan to attend only Saturday, March 22, 2014.**

I will need a room in the cottage for _____ (how many) people.
Please check which nights you will need a room in the cottage.

- ☐ **Wednesday**
- ☐ **Thursday**
- ☐ **Friday**

Please return to:

Donna Sorensen
3911 Central Ave,
Great Falls, MT 59405
406-771-6091

Updated: 2/2014