



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

ATHLETE'S ENTRY FORM

ATHLETE'S NAME _____ Date of Birth ___/___/___

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

PARTICIPATION LEVEL (PLEASE CHECK ONE)

LOW VISION BLIND Accommodations Needed: _____

ATHLETE WILL BE ACCOMPANIED BY _____ T-SHIRT SIZE _____

I _____ (Signature of parent or guardian) _____ (date) give my permission for _____ (name) to participate in the 2007 Games for the Visually Impaired.

I _____ (Signature of parent or guardian) _____ (date) **do / do not** (Please circle) give my permission for _____ (name) to be specifically interviewed or photographed by newspaper, TV, radio, or other media personnel.

I would like _____ athlete's lunches **at no charge** and _____ lunches for non-athlete's (parents, siblings, friends, etc.) at **\$3.00 per lunch**. Please pay for the lunches on May 5th.

SCHEDULE OF EVENTS:

	DATE	TIME
_____ Pentathlon (ages 10-21)	May 4, 2007	1:00pm-5:00pm
_____ Games for the Visually Impaired Athletes 14 years and older , please select one of the following	May 5, 2007	8:30am- 2:30pm
_____ Endurance Challenge	_____ Gymnastics	
Awards Ceremony and Raffle	May 5, 2007	2:30pm -3:00pm

_____ We do not wish to attend the Games. Please do not send any additional literature.

If you are not able to attend the Games this year, will you attend next year?

_____yes _____no If no why not? _____