



# Nebraska Regional Braille Challenge 2019

## Registration--Due Wednesday, December 12, 2018

Student Name (first and last): \_\_\_\_\_  Male  Female

T-Shirt Size:  Youth Small     Youth Medium     Youth Large     Youth X-Large  
 Adult Small     Adult Medium     Adult Large     Adult X-Large     Adult 2X-Large

### **School District Information**

School District/ESU: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School Phone Number (+area code): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

### **Parent Information**

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (+area code): \_\_\_\_\_

Will a parent/guardian(s) be attending the Braille Challenge?  Yes     No

*If yes, please indicate any housing and meal requests on the next page and complete the parent workshop registration form.*

### **Teacher Information**

Teacher of the Visually Impaired Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (+area code): \_\_\_\_\_

Will the TVI be attending the Braille Challenge?  Yes     No

*If yes, please indicate any housing and meal requests on the next page.*

**Housing Information (housing is provided at no cost to families and guests)**

**\*Please note students staying in the NCECBVI dorm must be accompanied by a parent/guardian or supervisor/sponsor. (Please plan to arrive no later than 8:00 p.m.)**

I/We are requesting housing at the NCECBVI dorms on the evening of Monday, February 11, 2019:  Yes  No

Parent/Guardian(s) requesting housing on February 11: \_\_\_\_\_

Sibling(s) requesting housing on February 11, *please include the age of each sibling and indicate male/female:* \_\_\_\_\_

Teacher/Staff requesting housing on February 11: \_\_\_\_\_

**Meal Information (all meals are provided at no cost to families and guests)**

I/We plan to eat breakfast (7:30 a.m.) at NCECBVI on February 12:  Yes  No  
Total number of meals: \_\_\_\_\_

Lunch will be served to all students and guests during the Braille Challenge on February 12.

Please list any dietary restrictions: \_\_\_\_\_

**Media Information**

Name of Hometown Newspaper: \_\_\_\_\_

I give permission to send my student's information and photo to their local, hometown newspaper:  Yes  No

**Signatures**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher/School District Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A Braille Challenge Permission Form (attached) must be completed for each student to participate in the event. Please return all completed forms (4 pages total), NO LATER THAN DECEMBER 12, 2018, to:**

Nebraska Center for the Education of Children who are Blind or Visually Impaired (NCECBVI)  
Attn: Carmen Bahr, Outreach Secretary  
824 10th Avenue--P.O. Box 129  
Nebraska City, Nebraska 68410  
[cbahr@esu4.net](mailto:cbahr@esu4.net)  
Fax: 402-873-3463  
Phone: 402-873-5513