



Nebraska Regional Braille Challenge 2018

Registration--Due Wednesday, December 13, 2017

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 Tuesday, February 12, 2018: Yes No

Parent/Guardian(s) requesting housing on February 12: _____

Sibling(s) requesting housing on February 12, *please include the age of each sibling and indicate male/female:* _____

Teacher/Staff requesting housing on February 12: _____

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 13: Yes No
Total number of meals: _____

Lunch will be served to all students and guests during the Braille Challenge on February 13.

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 13, 2017, 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
Fax: 402-873-3463
Phone: 402-873-5513