



Registration Form

Adult Participant(s) Name(s): _____

Roommate Request (ASL Week ONLY): _____

For Participant(s) 18 years of age and younger fill in this portion:

Child's Name: _____ Date of Birth: _____
(Circle): Deaf HH Hearing (Circle): Male Female School: _____

Child's Name: _____ Date of Birth: _____
(Circle): Deaf HH Hearing (Circle): Male Female School: _____

Child's Name: _____ Date of Birth: _____
(Circle): Deaf HH Hearing (Circle): Male Female School: _____

Child's Name: _____ Date of Birth: _____
(Circle): Deaf HH Hearing (Circle): Male Female School: _____

Child's Name: _____ Date of Birth: _____
(Circle): Deaf HH Hearing (Circle): Male Female School: _____

Contact Information:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home / VP / Cell

Email: _____

Which Program(s) are you Registering For?

____ Youth Career Development and Exploration — Sunday, June 24 – Friday, June 29

____ Christian Youth Leadership Week — Sunday, July 1 – Friday, July 6

____ Family Week One — Sunday, July 8 – Friday, July 13

____ Family Week Two — Sunday, July 15 – Friday, July 20

____ Art & Drama: A.C.O.R.N. Week — Sunday, July 22 – Friday, July 27

____ Deaf-Blind Week — Register with Jill Gaus

____ ASL Week — Sunday, August 5 – Friday, August 10

____ Volunteer Week — Sunday, August 12 – Friday, August 17

Allergies (i.e. bee sting, medications, peanuts etc.): _____

Special Diets (i.e. vegetarian): _____