

17th Annual Braille Games Registration Form

Collaboration between ABLE, Wisconsin Talking Book and Braille Library,
Milwaukee Public Museum and Vision Forward Association

Thursday, March 14, 2019 • 9:00 am to 1:30 pm
Registration: 9:00 am • Program: 9:30 am – 1:30 pm
Milwaukee Public Museum • 800 West Wells St • Milwaukee, WI 53233

No charge to attend. Lunch will be provided at no cost.

Name: _____ Birth Date: _____

Age: _____ Grade: _____ School: _____

Level of Braille: (circle one): Beginner Intermediate Advanced

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ - _____ Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

TVI/O&M Specialist: _____

Phone: (____) _____ - _____ Email: _____

Please check if student's TVI/O&M will be attending the event.

Other adult attending.

Name: _____ Relationship to student: _____

**Please return this form, along with a signed photo/video release,
by February 28, 2019.**

Mail: Emily Zajork, Vision Forward Association
912 North Hawley Road • Milwaukee, WI 53213
Phone: 414-615-0179
Fax: 414-238-2261
E-mail: ezajork@vision-forward.org

OVER ►



Providing alternative ways for people with print disabilities to read



Vision Forward Association



WISCONSIN TALKING BOOK AND BRAILLE LIBRARY



Braille Games

March 14, 2019

PHOTO / VIDEO RELEASE

Date: _____

I grant permission to use photographs and video taken of me or my minor child at the Braille Games. Permission covers print or online materials designed solely for news, marketing, information, or educational purposes related to Vision Forward Association, Audio & Braille Literacy Enhancement (ABLE) Milwaukee Public Museum and Wisconsin Talking Book and Braille Library. I release all claims against Vision Forward Association, Audio & Braille Literacy Enhancement (ABLE) Milwaukee Public Museum and Wisconsin Talking Book and Braille Library with respect to copyright ownership and publication including any claim for compensation related to the use of the material.

Participant Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Signature (if 18 or over): _____

Parent or Guardian Signature is required for participants under 18.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____