

# **6<sup>th</sup> Annual**

# **"Braille Games"**

## **Registration Form**

**Friday, March 7, 2008 • 9:00 a.m. to 2:00 p.m.**

Badger Association of the Blind and Visually Impaired, Inc.  
912 N. Hawley Rd. • Milwaukee, WI

**Please enroll me in the "Badger Braille Games"**

**Fee:** No charge to attend  
**Registration:** 8:30 a.m.  
**Program:** 9:00 a.m. – 2:00 p.m.  
**Lunch:** Will be provided at no cost

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Vision Teacher / O & M Specialist:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Level of Braille:**

Beginner     Intermediate     Advanced

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Mail:** Jennifer Ottowitz  
Badger Association of the Blind and Visually Impaired  
912 North Hawley Road • Milwaukee, WI 53213

**Phone:** 414-615-0123

**Fax:** 414-256-8744

**E-mail:** [jottowitz@badgerassoc.org](mailto:jottowitz@badgerassoc.org)

Please return this form, along with the photo release on back,  
by **February 22, 2008.**

**OVER ►**

# PHOTO RELEASE

Date: \_\_\_\_\_

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs which you have taken of me, for any marketing purpose of the Badger Association of the Blind and Visually Impaired whatsoever, without further compensation to me. All negatives and positives, together with the prints shall constitute your property, solely and completely.

**Model:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

(Parent or Guardian if Minor)