## North Dakota Vision Services/School for the Blind Presents



## **Registration**

Name:			
Email:			
Address:			
City:	State:	Zip Code:	
Phone No:		-	

Please indicate how many people in your family plan on attending. This year we will be sending out activity kits for children. Please fill out child(s) name, age & gender, so that your child gets an activity kit suited for them.

Adults:

Children Names:	Ages & Gender:

Registration must be returned by April 1, 2021.

This form is fillable and can also be found if you scan the QR Code below. Please mail or email this form back.

