

## Additional Registration Information Needed for MSB Braille Challenge Participation

Participant's Name: \_\_\_\_\_

Photo/Video/News Print/Television/Radio – I hereby authorize MSB, with the approval of school officials, to allow the use of pictures and/or voice reproductions of my child and/or the publications of any child's work and his/her name, and birthday for the purpose of educational information, public relations, school year book, school publicity and other beneficial endeavors, as long as such usage is not for the financial or personal benefit to any individual and/or groups or private company (please circle Yes or No).

Yes                  No

Parent Signature: \_\_\_\_\_

Participant Special Dietary Needs: \_\_\_\_\_

\_\_\_\_\_

T-shirt Size (please circle one):

YOUTH SIZE:        S        M        L        XL    ADULT SIZE:        S        M        L        XL    XXL

Total number of Additional Persons Attending with Participant: \_\_\_\_\_

Names & Relationships to Participant: \_\_\_\_\_

\_\_\_\_\_

Number of Non-Participants Attending MSB Presentations: \_\_\_\_\_

Number of Non-Participants Eating Lunch at MSB: \_\_\_\_\_

Non-Participant Special Dietary Needs: \_\_\_\_\_

\_\_\_\_\_