

MARYLAND REGIONAL BRAILLE CHALLENGE

Baltimore – February 3, 2018 | Snow Date: Feb 10

Sponsored by The Maryland School for the Blind and Maryland State Department of Education

2018 PERMISSION FORM

Must be signed by parental/legal guardian and returned by <u>January 12, 2018</u> to MSB, 3501 Taylor Ave, Baltimore, MD 21236, Attn: Jackie Otwell or via email: kerrym@mdschblind.org. Only contests submitted with a signed permission form attached will be eligible for the Braille Challenge® Finals at Braille Institute®.

	gal name clearly and	I fill out completely	gea					* Requir	ed fields
* Last Name				* First Na	me				
* Address							Apt. No)	
* City					* State	* ZIP			
* Birthdate _		* Age	* Grade _		* Telephone				
* E-mail				Alter	nate phone				
Adult attending with student						□ TVI	□ Pa	arent	☐ Para
T-Shirt Size	Youth:	☐ X-Small	☐ Smal	ı [1 Medium	☐ Large			
	Adult:	☐ Small	☐ Medi	um 🗆	l Large	□ XL	□ XXL		☐ XXXL
Teacher's En Regional Co Mark one. No Student C (NOT Grade in	ordinator Name (if apporte: all contests are in United Level: 1 School) Level	☐ PreSch/Kinder	□ App Grades 1–2 BGL) *(If	☐ Fresh Grades 3–4 F Apprentice B	Teacher's Phono ☐ Soph Grades 5–6 GL ☐ Contracte	□ JV Grades 7–9 ed or □ Unconti	racted)		
child to par		aryland School for the Bl hallenge preliminary co	lind ("MSB"), Maryla ontest. I understand		tment of Education qualifies, he or she				•
the visual li and BIA ma	keness and/or voice or y use or permit to be u	State Department of Edio Other sounds created by Sed the Reproductions in On BIA's website, Facebo	ucation, and BIA to p the above named c n any CD, DVD, exhib	photograph, vid ontestant (colle pition, display, p	eotape, or otherwi ctively "Reproduct ublication, solicita	ions"). MSB, Maryland tion or promotional o	d State Dep r education	oartment of Ed Ial material or	ucation, on any
Parent's Pri	nt Name			Sian	ature				