



Youth Services Event Registration

Missouri Council of the Blind • moblind.org • (800) 342-5632

Plain PDF form. Print or write on the form to complete.

Event

Event Name _____

Event Date _____

Participant

Participant First Name _____

Participant Last Name _____

Age _____

School _____

Vision Loss Level _____

Mobility Aids _____

Health Concerns _____

How Heard About Event _____

Parent / Guardian

Parent First Name _____

Parent Last Name _____

Email _____

Phone _____

Mail completed form to MCB St. Louis office.