# **REGISTRATION FORM: Page 1**

### "Deaf & Hearing Siblings: Our Families Together!" June 28 – July 1, 2012

Please complete the 2-page form for each person attending the retreat.

#### SECTION 1: PERSONAL INFORMATION

### 3 Easy Steps for Event Registraion

1) Download and Print "Registration Form"

2) Mail completed form to: Double Pride Attn: Deaf/Hearing Sibs Retreat 2450 Peralta Blvd. #212 Fremont, CA 94536



3) Include check / Money Order, or Register Online - Visit www.doublepride.com for details

Name:	
Address:	
City/State/Zip:	
Phone/Day: () Phone/Evening: (	
Email Address:	
☐ Female ☐ Male Age? ☐ 18-25 ☐ 26-49 ☐ 50 and up ☐ Deaf ☐ Hard of Hearing ☐ Hearing/Coda ☐ Hearing/Sibling ☐ Parent ☐ ☐ Interpreter ☐ Counselor ☐ Other ☐ Deaf Related Field	
<b>SECTION 2: ACCOMMODATIONS</b> Cottage On-Campus Housing: \$25/night per person (double occupancy), available from Thursday, June 28, 2012,	7 p.m. to Sunday, July 1, 2012, Noon
Arrival date: Departure date:	Total Nights:
I want to share my room with (name)	
I will need a roommate:	
SECTION 3: MEAL REQUEST  I am requesting: □ vegetarian meals □ Vegan meals	
SECTION 4: ASL INTERPRETING NEEDS	
This retreat will be facilitated in ASL. Please let us know if you will need an interpret	er:
I will need: ☐ Voice Interpreter ☐ Deaf/Blind Interpreter ☐ Other	
SECTION 5: EMERGENCY CONTACT INFORMATION	
Emergency Contact Name: Pager/En	mail:
Phone/Day: ( Phone/Evening: ( Voice	)
Medical Waiver: I,, will be responsible for my med Hearing Sib-lings retreat. I understand that the California School for the Deaf and Reany medical expenses for any occurrence at CSD and/or Retreat.	lical coverage while I am at the Deaf and etreat will not be liable and will not cover
Signature: Date:	

# REGISTRATION FORM: Page 2

### "Deaf & Hearing Siblings: Our Families Together", June 28 – July 1, 2012

Applican's Name:	Pager/Email:			
SECTION 6: MEDIA	RELEASE			
I, (print name) be used for our retreat's	publications used to adv	, give my consent for ertise future programs. Initials:	or photos and/or	media images of me to
SECTION 7: PAYMEN	NT			
Cottage Housing: (ente	kfasts, 2 lunches, 2 dinne	ers, and snacks/beverages): ccommodation, \$25 per night, \$75 for	: 3 nights) Sub Total	\$ \$ \$ \$
Special Offer: I Second Sibling	First Sibling, \$220 g, \$125 d: Combo Package \$275	istration, meals, housing, show ticket):	\$220 Grand Total	\$ \$ \$ \$ \$
SECTION 8: PAYMEN				
Type of Payment:		_ Check # _ Money Order #		
		(see www.doublepride.com/current_e		for details)
RID (1.9) Ceus make	check payable to: "Ohlo	ne College IPP Activity Fund"		
Make check or money of	order payable to <b>Double</b>	<b>Pride</b> and mail it with this completed :	form to:	
Double Pride, Attn: Dea 2450 Peralta Blvd. #212 Fremont, California 945	2			
	ations will continue to be on receipt until 6/20/12.	accepted after this date as long as spa	ce is available. Pa	articipants will receive
registration deadline 6/	11/12: full refund of regis e. After 6/30/12: no refun	to deafhearingsibs@gmail.com and w tration. Between 6/12/12 and 6/22/12 d. No refunds will be processed witho	. 50% registration	n fee refunded minus

want to donate money for the Retreat.

Visit our FaceBook page: 'Deaf and Hearing Siblings: Our Families Together'

For updates, registration forms, and other details please visit: www.doublepride.com/current\_events2012.html.

Please contact Sheila Jacobs or David Fair at deafhearingsibs@gmail.com if you have any question about registration or if you

Deaf and Hearing Siblings Committee: Co-Chairs: Sheila Jacobs, David Fair, Brenda Lyons.
Other committee members: Calton, David, and Jane Fair, Lisa and Sheila Jacobs, Brenda Lyons, and Millie Stansfield.