

**Illinois School for the Deaf
Kline House Reunion
September 18, 2010
Registration**

PLEASE COMPLETE AND SUBMIT BY SEPTEMBER 10, 2010

Name of Parent/Guardian				
Address				
	(Street)	(City)	(State)	(Zip Code)
Phone		Cell Phone		
Email Address				
Name of child(ren) enrolled in Kline House			Current Age	
Others attending:				
	(Name)	(Relationship to child)	(If not an adult please list age)	
Others attending:				
	(Name)	(Relationship to child)	(If not an adult please list age)	
Others attending:				
	(Name)	(Relationship to child)	(If not an adult please list age)	
Others attending:				
	(Name)	(Relationship to child)	(If not an adult please list age)	
Others attending:				
	(Name)	(Relationship to child)	(If not an adult please list age)	
ASL Interpreters will be provided. Does anyone in your party require <i>other</i> ADA accommodations?	No	Yes	Please list:	
Lunch will be provided by the ISD Dietary department, which can accommodate vegetarian requests only. Please bring food to accommodate all other dietary restrictions.				

Please send completed registration form to the address below.

Confirmation of your registration will be sent to your email address listed above.

If you have any questions, or would like to register by phone, call:

**Illinois School for the Deaf Outreach
Marcia Breese, Coordinator
125 Webster
Jacksonville, IL 62650
1-877-339-2686 (Voice or TTY)**