

## Registration Form

**Team Name:** \_\_\_\_\_

**Transportation Plan:** April 25-27, 2024

### General Information

Student Name # 1

Communication Preference

Shirt Size

Pronoun

\_\_\_\_\_

- ASL
- Speech & ASL
- Speech & Lipreading

\_\_\_\_\_

\_\_\_\_\_

Student Name # 2

Communication Preference

Shirt Size

Pronoun

\_\_\_\_\_

- ASL
- Speech & ASL
- Speech & Lipreading

\_\_\_\_\_

\_\_\_\_\_

Student Name # 3

Communication Preference

Shirt Size

Pronoun

\_\_\_\_\_

- ASL
- Speech & ASL
- Speech & Lipreading

\_\_\_\_\_

\_\_\_\_\_

**Chaperone Name:** \_\_\_\_\_