

**2020 Wyoming Families for Hands & Voices Parent Training**  
**June 26 & 27, 2020**  
**Ramkota Hotel & Conference Center**  
**800 North Poplar St**  
**Casper, WY**  
**Parent Registration Form**

Parents Names Attending Training \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age of Child with Hearing Loss \_\_\_\_\_

Degree of Hearing Loss \_\_\_\_\_

**Name of Family Member**  
**Attending**

**Age**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List ages of children needing daycare \_\_\_\_\_  
\_\_\_\_\_

List any dietary restrictions a family member may have. \_\_\_\_\_  
\_\_\_\_\_

List all accommodations needed (Sign Language Interpreter, CART, etc) \_\_\_\_\_  
\_\_\_\_\_

Any other information we need to know \_\_\_\_\_  
\_\_\_\_\_

