

Deaf-Blind Inquiry Form
Southern Baptist Conference of the Deaf – Bolivar, Missouri—July 21-27, 2012

**Please submit a sheet for each person who will need
 Support Service Provider (SSP)* assistance.**

Name:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Address:	
City, State & Zip	
Home Phone: <input type="checkbox"/> Voice <input type="checkbox"/> VP <input type="checkbox"/> TTY	<input type="checkbox"/> Fax No:
E-Mail Address:	
Will you have a text phone with you? <input type="checkbox"/> No <input type="checkbox"/> Yes # _____ / _____ / _____	
What day will you arrive?	What day will you leave?
Where will you be staying during SBCD (specific)?	
My vision is described as: <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Blind <input type="checkbox"/> Tunnel Vision <input type="checkbox"/> Low Vision	
I will be needing/wanting a SSP /Guide during SBCD:	
<input type="checkbox"/> To take me to meals only	<input type="checkbox"/> To take me to workshops
<input type="checkbox"/> To take me to worship services	<input type="checkbox"/> To take me to recreational activities
<input type="checkbox"/> All day long	<input type="checkbox"/> Only occasionally. (My friends will help me most of the time.)
Person(s) & phone number(s) to call in case of emergency:	
Name:	
Phone #:	
Relationship(s):	
Other important information we may need to know about you:	
*An S.S.P. is a trained individual who guides a visually-challenged person from one place to another.	

**Please mail this form to 2012 SBCD Registration,
 348 Turner Circle, McDonough, GA 30252 before July 8, 2012.
 This will help us ensure that you will have S.S.P. services while you are at SBCD.**