



Savannah Center for Blind and Low Vision 2018 Camp Next Step

Student Information

Last Name _____ First Name _____

Birth Date _____ Grade _____

Address _____

City _____ State _____ ZIP _____

Phone (H) _____ (C) _____

Email Address _____

Parent/Guardian Information

Name(s) _____

Address (if different from above) _____

City _____ State _____ ZIP _____

Phone (H) _____ (C) _____ (W) _____

Email Address _____

Emergency Contact Information

Name _____

Phone (H) _____ (C) _____ (W) _____

Email Address _____

Relationship to Student _____

School Information

School Name _____

Teacher of Visually Impaired _____

Email Address _____

Please submit to Elaine Byron, ebyron@savannahcblv.org, or 1141 Cornell Avenue, Savannah, Georgia 31406. If you have questions, please call Elaine at 912-236-4473 extension 104.