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| **Thursday June 26 - Sunday June 29, 2025 Mt. Vernon, Illinois** | | | | | | | |
|  | | | | | | | |
| **Parent/Guardian Attendee(s):** | | | | | | | |
| **First Name** | | **Last Name** | | | | | **Shirt Size** |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Choose an item. |
| **Primary Contact Information:** | | | | | | | |
| **Primary Contact:**  Click or tap here to enter text. | | | | | | | |
| **Address**: Click or tap here to enter text. | | | | | | | |
| **City**:  Click or tap here to enter text. | | | **State**:  Click or tap here to enter text. | | | **Zip Code**:  Click or tap here to enter text. | |
| **Country**: Click or tap here to enter text. | | | | | | | |
| **Phone**: Click or tap here to enter text. | | | | **Email**: Click or tap here to enter text. | | | |
| **Attendee(s) with CLS** | | | | | | | |
| **First Name:** | **Last Name:** | | | | **Age:** | | **Shirt Size:** |
| Click or tap here to enter text. | Click or tap here to enter text. | | | |  | | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | |  | | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | |  | | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | |  | | Choose an item. |
| **Sibling Attendee(s)** | | | | | | | |
| **First Name:** | **Last Name:** | | | | **Age:** | | **Shirt Size:** |
| Click or tap here to enter text. | Click or tap here to enter text. | | | |  | | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | |  | | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | |  | | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | |  | | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | |  | | Choose an item. |
| **Additional Relationship Attendees** | | | | | | | |
| **First Name:** | | **Last Name:** | | | | | **Shirt Size:** |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Choose an item. |
| **Hotel Information** | | | | | | | |
| DoubleTree by Hilton 222 Potomac Blvd  Mt. Vernon, IL 62864-6750 (618) 244-7100  [Hotel Website](https://www.hilton.com/en/hotels/mvnpbdt-doubletree-mt-vernon/) | | | | | | | |
|  | | | | | | | |
| * Are you staying at the hotel? Choose an item. * If yes, have you made your reservation? Choose an item. * Hotel Confirmation Number(s): Click or tap here to enter text. * When will you arrive? Choose an item. | | | | | | | |
|  | | | | | | | |
| * Do any of your attendees have special dietary limitations, such as food sensitivities or allergies that we need to be aware of? Choose an item. * If Yes, please list: Click or tap here to enter text. | | | | | | | |
|  | | | | | | | |
| * Do any of your attendees have mobility limitations, such as uses a wheelchair or walker? Choose an item. * Do you require an accessible room? Choose an item. | | | | | | | |
|  | | | | | | | |
| * Is your family registered with the Coffin-Lowry Syndrome Foundation?   Choose an item.   * *If not, register as soon as possible at the Coffin-Lowry website* [*www.coffinlowry.org*](http://www.coffinlowry.org) *>For Parents>New Parent Registry* | | | | | | | |
|  | | | | | | | |
| * Are there any concerns or specific things the volunteers should know when caring for your child? Choose an item. * If yes, provide more detail (or example, escape artist, likes to put items in mouth, etc.): Click or tap here to enter text. | | | | | | | |
|  | | | | | | | |

So that we can get a good head count, please complete this form and send to the address or email address below **no later than March 31, 2025.** If we exceed 40 families, we may be limited on space so please get your hotel reservations made and this form to us as soon as possible. We look forward to seeing you in June!

Send the completed form by **March 31, 2025,** to email address: [lwmoxley@att.net](mailto:lwmoxley@att.net)

Or mail to:

Larry Moxley

234 Knotting Place

Madison, AL 35758

256-684-0387

Questions?

* Larry Moxley 256-684-0387 [lwmoxley@att.net](mailto:lwmoxley@att.net)
* Alicia Elliston 618-731-1383 [abarnes2005@gmail.com](mailto:abarnes2005@gmail.com)

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