**Camp Chi-Cue-Go 2020 Registration**

|  |  |  |
| --- | --- | --- |
| Family Name | Address | City, State, Zip |
| Email | Phone | s |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First & Last Name | If child, Age/  Grade Level | If D/HH, amplification (hearing aid, CI, none) and preferred language/communication modality | Cued Speech workshop level (\*Level 1, 2, 3, Cued Language Transliterator, youth, child OR unsure) | Accommodations needed? (communication, dietary, etc.) |
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\*Level 1= brand new \*Level 2= have had some instruction before, need to practice \*Level 3= ready for more conversational level practice

**Fees\*\* (includes meals, snacks, and materials): *REGISTERING AFTER JULY 1st? ADD $50 FOR LATE REGISTRATION!***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adults (age 13+) | $150 | x | **If paying by credit card:** Mastercard Visa Discover (circle one) | |
| Youth (age 3-12) | $75 | x | Card # | |
| Children 2 and under | Free | x | Expiration Date: | Signature: |
| Late registration after July 1 | $50 | x | Security Code: |
|  | **Total:** |  | Billing Zip Code: |
|  |  |  |  |
|  |  |  |  |

*\*\* Fees are non-refundable after July 1st. We accept credit cards, checks, and money orders. Please register multiple families separately.*

*\*\*Families with small or 3+ children, please contact us at* [*info@agbms.org*](mailto:info@agbms.org) *for special arrangements. Thanks! \*\**

Checks/money orders can be made payable to AGBMS-AEHI. Registration form should be mailed to AGBMS-AEHI, 9300 Capitol Dr., Wheeling, IL 60090 or faxed to 847-850-5493. You may also call in your registration at 847-850-5490 or email it to info@agbms.org.

Online registration and payment with credit card/PayPal is available at [www.agbms.org/camp-chi-cue-go](http://www.agbms.org/camp-chi-cue-go)

**Questionnaire**

The purpose of these questions is to help us better understand the interests and motivations of our camp attendees.

1. How would you describe yourself? (select all that apply)
   1. Family member
   2. Educator
   3. Professional (e.g. SLP, Audiologist, Interpreter, CLT)
   4. Deaf adult
   5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How did you first hear about Camp Chi-Cue-Go?
   1. Facebook or other social media
   2. Camp Chi-Cue-Go website ([www.agbms.org](http://www.agbms.org))
   3. CueSign, Inc.
   4. Illinois School for the Deaf
   5. National Cued Speech Association
   6. Word of mouth
   7. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is this your first time attending this camp location? If not, how many times have you attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Why are you attending this camp? (networking, family support, professional development, etc.)

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1. Have you attended other camps before? Which ones and in which years?

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1. Additional comments or information?

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**Questions? Contact the Chi-Cue-Go team at info@agbms.org or call 847-850-5490.**