



2013 Toy Tech Registration Form

PLEASE PRINT CLEARLY. FILL OUT A FORM FOR EACH CHILD WHO NEEDS AN ADAPTED TOY OR SWITCH.

Child's Name _____

Parent's Name: _____

Home phone _____ Cell phone _____

Address _____

City _____ TN Zip _____

DOB _____ AGE _____ GRADE _____

Briefly describe disability and how it affects child's use of hands and arms:

Are there other disabilities: Mobility _____ Vision _____ Hearing _____

DOES CHILD NEED AN ADAPTED SWITCH to operate the toy? _____

DOES THE CHILD ALREADY HAVE AN ADAPTED SWITCH? _____

How did you hear about Toy Tech? _____

Attending party? Yes No (We will have a designated drop-off spot in your county and will call you **after the party** to let you know where you can pick up child's toy.)

How many OTHER children attending party? _____ AGES _____

How many adults (parents/caregivers/support people) attending party? _____

If someone other than parent will pick up toy after party, please give contact info below:

Advocate Name and Phone: _____