



SPINA BIFIDA ASSOCIATION OF COLORADO

Registration Form

_____ Please add us to the SBACO mailing list (to receive quarterly newsletters and invitations to activities and events in the area.

_____ Please add us to the next issue of the SBACO Address Directory

Parent's Names: _____

Child's name with Spina Bifida: _____

DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (home) _____ (cell)

E-mail Address: _____

The mission of the Spina Bifida Association (SBA) is to promote the prevention of Spina Bifida and to enhance the lives of all affected. The Spina Bifida Association of Colorado (SBACO) seeks to support children, teens, and adults with Spina Bifida and their families. We plan activities, play groups, educational seminars, and FUN events (parties, picnics, etc. ...) throughout the year to help connect families and individuals touched by Spina Bifida throughout the State of Colorado.

We would love to come alongside you in this journey!!

Please return this completed form to Kerry Lavan, RN or another clinic nurse, or mail to:

Spina Bifida Association of Colorado

P.O. Box 22994

Denver, CO 80222

Phone: (303) 797-7870

E-mail: sbacolorado@gmail.com

Website: www.ColoradoSpinaBifida.org