



Participant Registration Form

Name _____

Address _____

Phone _____ Email _____

How did you hear about us? **(PLEASE CIRCLE OR WRITE BELOW)**

Referral from agency FAC Website ArtFinder Phone Enquiry Posters/Flyers
(If you were referred from an agency, can you please name below)

OTHER: _____

What do you hope to achieve by joining Artwell?

Please provide information regarding your condition that will assist the Artwell facilitator in best meeting your needs. (If you wish to keep this confidential you can discuss this with the facilitator directly)

Do you give Frankston Arts Centre permission to take your photo when participating in Artwell activities for use in our marketing or advertising promotions?

YES NO (Please circle)

Please sign _____ Date / /20

In case of emergency who do we contact?

This information is in case of an emergency and for emergency personnel only

Name	
Relationship	
Phone	

Do you have any Allergies? YES NO (Please circle)

Please provide details: _____

Do you have any of the following?

Asthma YES NO (Please circle)

Epilepsy YES NO (Please circle)

Diabetes YES NO (Please circle)

Heart conditions YES NO (Please circle)

Other _____