



Creative Workshop Summer Program June 4th – August 31st

REGISTRATION

Name: _____ Are you over 16 years of age? Yes ___ No ___

What are some of your hobbies? _____
_____.

Favourite shows, music, movie, or books? _____
_____.

Other projects or activities or things you've enjoyed in the past:
_____.

When travelling in the community, you usually travel by: OC Transo: ___
Para: ___ Car: ___ Other: _____

Do you have any allergies? No ___ Yes: _____

Any diet restrictions? No ___ Yes: _____

Do you take any medication around noon hour? No ___ Yes: _____

CONTACT INFO

Do you mind if we contact you and or any of your supports? Yes ___ No ___

My support(s) Name(s): _____ Email: _____ Phone: _____
Name(s): _____ Email: _____ Phone: _____

Emergency Contact Name(s): _____ Phone _____

CONSENT

I/we understand and accept theSpace and associates are committed to supporting an environment which meets reasonable standards of safety and support, for all members, and according to our code of conduct. I/we also give permission to theSpace to use any media or images created or captured during workshops or activities for display or promotion.

My Signature: _____ My Support Signature _____ Date: _____

PAYMENT

Payment by e-transfer or Visa Online made to: Mignon@talkingcircleworks.com
Invoices sent by email and or provided in person*.

*Deposit required before or on start date.