

ART ART ABILITY PROGRAM REGISTRATION FORM

PARTICIPANT DETAILS

Name: _____

Address: _____

Phone: _____ Email: _____

Age: _____ Gender: _____ Disability: _____

Information provided by you in this form will be kept confidential by the Vancouver Arts Centre and Community Living Association and will be used by Community Living Association for the purposes of Grant Acquittal.

QUESTIONS

Have you participated in art before? If yes where?: _____

Is this your first time attending the Vancouver Arts Centre? _____

Have you previously participated in any community art project in the Great Southern?: _____

IMAGE USE

I hereby give the City of Albany and Community Living Association permission to use any photographs featuring my likeness taken during the project for promotional, archival or grant acquittal purposes.

Yes NO

DECLARATION

I the applicant, declare the above information is correct in all respects, at the time of lodgement and that I am over 16 years in age and in possession of a Disability Support Pension Card, which I will present to Staff at the Vancouver Arts Centre upon the lodgement of this form.

Participant Name: _____

Signature: _____ Date: _____

Please return this form to the Vancouver Arts Centre, 85 Vancouver Street Albany by **Monday August 9, 2021** or email to arts@albany.wa.gov.au. If you have any questions, do not hesitate to contact us on 6820 3740.