



# Richmond Centre for Disability

## Creative Arts Club

### Registration Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
City Province Postal Code

If parent/caregiver/other contact person is registering for the participant –

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Registered for:

Regular Participant

Drop-In Participant

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Areas Required Assistance (if any):

