



Richmond Centre for Disability

Knitting Club

Participant Form

Name: _____

Age: _____ Sex: _____

Telephone: _____ Cell: _____

Address: _____
City Province Postal Code

Parent/caregiver/other contact person in case of emergency –

Contact Person: _____

Relationship: _____

Telephone: _____ Cell: _____

Drop-in Fee: \$2

Areas Required Assistance (if any):