

REGISTER TEMPLATE

making it happen

Name of Group:		Artist:	
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	Participant Name:	Session Dates:					
1							
2							
3							
4							
5							
6							
7							
8							



PARTICIPANT DETAILS TEMPLATE

making it
happen

Participant Name	Date of Birth	Emergency Contact 1	Emergency Contact 2	Email Address	Medical Details	Consent Form?	Photo Consent?

