



# EVOKE

## PARTICIPANT REGISTRATION FORM

Name: .....

Phone number: .....

Email: .....

Emergency contact number: .....

Any health issues we should be aware of: .....

I consent to my image being taken and used and reproduced in any format by Make it Tenterfield INC. I understand that my image may be used for the purposes of display, publicity and in promotional materials by Make It Tenterfield INC . This includes print and online platforms including newsletters, social media and websites. YES NO Photographer to be advised if NO.

I will participate in the workshop being run over the 12-month period of this grant (from October 2023 to September 2024).

My chosen workshop is \_\_\_\_\_

I will advise MIT, immediately, if I am unable to attend or continue in my selected workshop.

Signed .....

Date .....