



Participant Registration Form

Name _____ Date _____

Email _____ Phone _____

Best way to contact you _____

PARTICIPATION LEVEL

- Donation of supplies Volunteer time Design input
 Painting Leadership team Will help where needed

AVAILABILITY (check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

COMMENTS ABOUT AVAILABILITY/SCHEDULING NEEDS:

PERSONAL NEEDS

Do you have a disability which may require consideration for this project (ie: wheelchair access, etc.)? Please note your needs here:

Possible Phases of Project

1) PLANNING (Feb & March)

2) PREPARING (March & April)

3) PAINTING (April, May & June)

PHOTO RELEASE STATEMENT

I, hereby grant permission to the Circle of Gold Mural Project leadership team to reproduce any photo images of me or my work at the Curry County Fairgrounds for the purpose of project information or marketing publications without any compensation given to me.

I understand that photographs are important in documenting our community endeavor and are a required component for reporting to the organizations which have provided this opportunity.

Such photographs may include myself or my creative or volunteer work with this project and will be used explicitly for this project and its promotion and reporting purposes.

If I take personal photographs of the project, I agree to keep them for personal use and not to share photographs of others without their permission.

Printed Name

Signature

Date

Great care will be taken to capture the most important milestones in this project and to highlight the hard work of a community with an extraordinary vision. We appreciate your willingness to participate and to bring this exciting project to life for so many of us to experience for years to come!

Thank you!

