

PROGRAM REGISTRATION FORM

Aged care facilities wishing to participate in the *BOLDsparks - Lifelong Learning program* must return this completed form directly to **Lee Mathers**, the Gallery Coordinator at least **two (2) weeks** prior to the workshop to confirm a place.

FACILITY INFORMATION

Please PRINT clearly.

| | | | |
|----------------|----------------------|-----------|----------------------|
| Facility Name | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| Contact Person | <input type="text"/> | Telephone | <input type="text"/> |
| Email | <input type="text"/> | | |

WORKSHOP

- | | |
|--|---|
| <input type="checkbox"/> April Workshop: <i>Tapestry of Time</i> | <input type="checkbox"/> July Workshop (Thurs): <i>Weaving Storylines</i> |
| <input type="checkbox"/> May Workshop: <i>No Place Like Home</i> | <input type="checkbox"/> July Workshop (Fri): <i>Weaving Storylines</i> |
| <input type="checkbox"/> June Workshop: <i>Kinetic Capers</i> | <input type="checkbox"/> August Workshop: <i>Theatre Play</i> |

REGISTERED ATTENDEES

Please PRINT clearly.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

NOTES

PLEASE RETURN COMPLETED FORM TO:

Lee Mathers, *Gallery Coordinator* | e: lee.mathers@ballina.nsw.gov.au | p: 02 6681 6161