## **Senior Center Art Class Participation Form**

| Full Name                                       |  |
|---|--|
|   |  |
| Date of Birth                                   |  |
| Phone Number                                    |  |
| Email Address                                   |  |
| Address   |  |
| Emergency Contact Name & Phone                  |  |
| Previous Art Experience                         |  |
| Art Interests (Painting, Drawing, Crafts, etc.) |  |
| What do you hope to get from the art class?     |  |
| Any relevant health or mobility concerns?       |  |
| Signature                                       |  |
| Date  |  |
|   |  |