



# Spring 2019 Participant Information Short Form

1) Have you submitted a Full Participant Information Form to Clallam Mosaic in 2019?

Yes - Please answer question #2 below

No - Please complete the 2019 Participant Information Full Form

2) Has emergency contact or health information changed since submission of your 2019 Participant Information Full Form?

Yes - Please complete the 2019 Participant Information Full Form and Participant Consent Form

No - Please fill in the information below and submit with your spring registration

**Emergency contact information must be current. Repeated instances of emergency contact not being available will result in exclusion of participant from Mosaic programs with no refund of fees.**

Applicant Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is text okay?  Yes  No

Email Address: \_\_\_\_\_ Preference?  Email  Phone

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

In the event of an emergency, please contact: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Alternate emergency contact: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

<p>Person Completing Application: _____</p> <p>Relationship to participant: _____ Phone #1: _____ Phone #2: _____</p> <p>How do you prefer to receive registration materials?</p> <p><input type="checkbox"/> e-mail attachments      <input type="checkbox"/> download &amp; print from Mosaic's website      <input type="checkbox"/> pick up from office</p>
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Please mail/bring completed forms to: Clallam Mosaic 301 E. Lopez Ave, Rm #4; Port Angeles, WA 98362

