

THERAPEUTIC ARTS ARTIST REGISTRATION FORM

Name:

Arts Discipline:

Email:

Preferred area(s) (circle all that apply) Port St. Lucie Ft Pierce Vero Beach Jensen Beach Palm City
Stuart Hobe Sound Jupiter/Tequesta Palm Beach Gardens West Palm Beach

Availability: Day(s)

Time(s)

Desired Compensation:

Frequency of performance (weekly, monthly, quarterly, yearly):

Need a Piano?

Other needs / concerns:

Number of participating artists:

Comments:

PARTICIPANT'S NAMES:

If you have not registered with Artists for a Cause, please do so at our website: www.a4ac.org.

