## THERAPEUTIC ARTS ARTIST REGISTRATION FORM

THERAPEUTIC ARTS ARTIST REGISTRATION FORM	
Name:	
Arts Discipline:	
Email:	
<b>Preferred area(s)</b> (circle all that apply) Port St. Lucie Ft Pierce Vero Beach Jensen Beach Palm C Stuart Hobe Sound Jupiter/Tequesta Palm Beach Gardens West Palm Beach	ity
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: <u>www.a4ac.org</u>.

