

Registration Form



Date _____

First name: _____ Last name: _____

Street Address: _____

City/State/ZIP: _____

How did you hear about Visionary Forum? _____

OK to send e-mail? *(Please check appropriate box below)*

Yes, let me know about events For confirmations & schedule changes only No

e-mail address: _____

OK to phone? *(Please check)* Yes For confirmations & schedule changes only No

Phone number with area code: () _____

Are you 18 years or older? Yes No *(Parent or legal guardian's approval is required)*

Parent/Guardian name: _____

Signature: _____

What kind of dream would you like to explore? *(Please use back if you need more space)*

Do you have any disabilities, allergies, or other conditions that we should know about?

Important Note: If you are currently under the care of a mental health professional, we recommend that you discuss these matters with your provider prior to attending a Visionary Forum.

Because a Visionary Forum can be an intense experience which may bring to your consciousness deep issues that have blocked you from realizing your personal dreams, we require that you sign the following statement.

I, _____ state that I am in a state of mental and physical health suitable for participating in a group event involving the sharing of personal information in front of a group, and engaging in a process of examining and possibly choosing to change aspects of my identity, in a group setting, for an extended period. I agree that I will choose to participate in a way that does not harm myself or others. I further agree to hold Visionary Forum and its staff members harmless should any physical or psychological damages occur. I understand that I will be free to leave the event at any time, after notifying a staff member.

For phone registrations only:

- * To gain maximum benefit from Visionary Forum, your commitment is needed. Are you willing to participate actively? Yes Uncertain (please explain): _____
- * Are you 18 years or older? Yes No (Parent or legal guardian's written approval required)
- * Are you willing to sign the statement of suitable health read to you? Yes No
- * How should your name appear on your name tag? _____
- * If you have a cell phone, we ask that you bring it with you.