



Art for Heart 2009

Participant's Name: _____

Parent's Name: _____

Parent's Phone: _____

Parent's Email: _____

Address: _____

Event: **Singing** **Dancing** **Painting** **Drawing** **Story Writing**

Category:

	Category 1 : Solo: Ages 4 to 7
	Category 2: Solo: Ages 7+ to 11
	Category 3: Solo: Ages 11+ to 16
	Category 4: Group Performance Group name:

I would like to volunteer for Vibha Yes No

I would like to like to be a Vibha Patron Yes No

Participant would like to enroll in Vibha Youth Chapter Yes No

Payment amount: _____

Payment method: Cash Check

Please read and sign below

Submission of this entry constitutes an acknowledgement that the participant is in proper physical condition to participate in this event. Further, I waive any and all claims for myself and my heirs against Vibha, its volunteers, its officers and employees, sponsors of this event and any groups or individuals associated with this event for injury or illness including death that may result from the participation in this event. In addition, I assent to the use of any photo, film or video tape for any Vibha purpose.

Parent Signature _____ Date _____