

# Art Links

## At the Montreal Museum of Fine Arts Registration Form

Date : \_\_\_\_\_

ATTENDEE'S INFORMATION		
Last name:	First name:	Mrs. <input type="checkbox"/>
		Mr. <input type="checkbox"/>
Marital status:    Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/>		
Address:		
Postal code:	Telephone:	

CAREGIVER'S INFORMATION		
Last name:	First name:	Mrs. <input type="checkbox"/>
		Mr. <input type="checkbox"/>
Relationship to participant:		
Home phone:	Work phone:	
Please share with us any special information regarding the participant that we should be aware of to help make this a fabulous experience (auditory or visual deficit, limited mobility, allergies, etc.).		

IN CASE OF EMERGENCY	
Name of local friend or relative (not in attendance):	
Relationship to participant:	
Home phone:	Other phone: