

# Gathering of Extraordinary People

Registration for Friday, August 19, 2016

Please complete the entire form, front and back, or registration may not be processed.

Agency Name (if applicable): \_\_\_\_\_

Name of Person(s) Registering:

Lunch Preference:

Individual Name(s): _____	[circle one] Meat or Veggie
Individual Name(s): _____	[circle one] Meat or Veggie
Individual Name(s): _____	[circle one] Meat or Veggie
Individual Name(s): _____	[circle one] Meat or Veggie
Individual Name(s): _____	[circle one] Meat or Veggie
Individual Name(s): _____	[circle one] Meat or Veggie
Individual Name(s): _____	[circle one] Meat or Veggie
Individual Name(s): _____	[circle one] Meat or Veggie
Individual Name(s): _____	[circle one] Meat or Veggie
Individual Name(s): _____	[circle one] Meat or Veggie

Please include an additional list of names and meal choices if the space provided is not enough.

Total Number attending: \_\_\_\_\_

@ \$5 per person = Total amount owed \$ \_\_\_\_\_

Payment Method:

- Check enclosed (make check payable to: Imagine)
- Payment will be mailed by August 12th to Imagine Supported Living Services. (9065 Soquel Drive, Aptos, CA 95003)
- Other (Please contact Patty at 464-8355 ext. 2 to discuss)

Talent Show:

Contact Anita at (831) 464-6796 to register!

## PHOTO RELEASE, for one individual only

Gathering of Extraordinary People, 2016

- **Please make copies so there is *one for each individual*, thank you.**

I, \_\_\_\_\_, [PRINT NAME] authorize Imagine Supported Living Services to use my name and image for publicity and promotion of the annual Gathering of Extraordinary People. No private information will be shared, beyond my name, unless I choose to share it for a specific article or purpose. This release will be valid until I communicate otherwise.

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

Signature of Conservator: \_\_\_\_\_ Date: \_\_\_\_\_  
(only needed if individual is conserved)

Or sign here if you *do not* wish to be photographed:

Signature for decline of photo release: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax form to 831-612-6384 OR mail to: Imagine Supported Living Services (9065 Soquel Drive, Aptos, CA 95003).**

---

## PHOTO RELEASE, for one individual only

Gathering of Extraordinary People, 2016

- **Please make copies so there is *one for each individual*, thank you.**

I, \_\_\_\_\_, [PRINT NAME] authorize Imagine Supported Living Services to use my name and image for publicity and promotion of the annual Gathering of Extraordinary People. No private information will be shared, beyond my name, unless I choose to share it for a specific article or purpose. This release will be valid until I communicate otherwise.

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

Signature of Conservator: \_\_\_\_\_ Date: \_\_\_\_\_  
(only needed if individual is conserved)

Or sign here if you *do not* wish to be photographed:

Signature for decline of photo release: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax form to 831-612-6384 OR mail to: Imagine Supported Living Services. (9065 Soquel Drive, Aptos, CA 95003)**