

EVENT REGISTRATION FORM

BIG SKY AUTISM PROJECT

Welcome to Big Sky Autism Project's Event Registration! Use this form to register for Informational Sessions, Demonstrations, or Workshops & Classes! Location, Date, & Time will be scheduled once the event spots are filled. Private Informational Sessions and Demonstrations are available on a limited basis. If you are unable to attend a group session, please contact us for more options. Workshops & Classes are offered in group settings only.

Please complete this form to help us schedule a day and time that's best for you.

If you are registering for an event that has been advertised with a date & time, please contact us before submitting or mailing this form to ensure space is available. We encourage you to submit your registration online to BigSkyAutismProject@gmail.com to make sure your registration is received in a timely manner. Spots are reserved on a first come, first serve basis. Contact us at 406-461-5656 or BigSkyAutismProject@gmail.com.

Please Note: Due to the length and nature of these events, we are limiting participation to Parents & Caregivers. We encourage you to invite your family and friends, that help care for your autistic or special needs loved ones, to join you as your guests. Emotional support family and friends are welcome too. If you have any questions, please do not hesitate to contact us.

Email address is required for registration receipt and updated event details. We will not share your email address with anyone outside of our organization. If you do not have an email address, please provide us with a phone number to make sure you get updated event details.

* = Required

*Full Name _____ *Number of Participants (including yourself) _____

*Email Address _____ *Phone _____

*Mailing Address _____

*Preferred method of communication? (please note: we will send email reminders with details of the event you are registering for regardless of your selection below)

Email

Phone call

Text message

*Please select which event you are registering for. (select all that apply; if workshop, please specify which workshop) *Workshops require a \$75.00 non-refundable deposit per participant.*

Informational Session

Demonstration

Workshop _____

*Events will be held at or after 6:30pm during the week or in the afternoon on Saturday or Sunday to best accommodate participants work schedules. (select all that apply)

Evenings work best!

Afternoons work best!

I need an alternative time.

*What days' work best for you? Please select **at least three (3)**.

Evening:

Monday
Tuesday
Wednesday
Thursday
Friday

Afternoon:

Saturday
Sunday

*Please list the Full Name of all participants attending the even with you. If you are coming alone, please answer "none".

*Which City/Town are you located?

Please let us know if you (or your guest(s)) require any special accommodations to attend the event. We will do our best to assist with your request.

*A Waiver of Liability is required to be signed by all participants at the time of the event.

- I understand that I (and my guests) will be required to sign Waiver of Liability in order to participate in the event(s) I am registering for.
- I do not agree to sign the Waiver of Liability for the event I am registering for. *Please note, you will not be able to attend any of our events without a signed Waiver of Liability.*

*If the event you are registering for does not fill within 7 days, we will contact you to setup a private session for you and your guests (if applicable). This excludes workshops.

I understand.

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I understand.

*All information you provide on this form is kept confidential and will not be shared outside of our organization. We will contact you by email with event date, time, and location information.

I understand.

Signature of Participant

Date