

SEDONA FULL MOON WORKSHOP

Presented by Derek von Briesen & Kim Hoshal

June 4 ~ June 7

Participant Registration

Name

Address

Phone #s

Email

Age

Gender

Height

Weight

Emergency Contact Names & #s

Please list below any medical conditions for which you are currently under the care of a physician, including the physician's name & contact #s, and any medications you are presently taking.*

I, the undersigned workshop participant, do verify that the above medical information is true and complete.

Participant Signature

Date

*Due to the physical requirements of some our photography workshops, more medical information may be requested for your safety