Name: Date of birth:

Address:

Email:

Phone number:

Emergency contact person:

Name:

Phone:

I understand that the cost to participate in this 10-week facilitated program is $500.

I would like to apply for a scholarship full: half:

The FLOAT CAAMP account details are:

**BSB** 633 000 **Account**172 504 441

(Please use your name as a reference)

Tell us about your creative journey so far:

Why are you interested in FLOAT CAAMP?