



“Find Your Tribe” Mindfulness Program Participant Registration Form



First Name _____ Last Name _____

E-mail _____ Phone _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Which branch of service are you associated with?

- Military
 Law Enforcement
 1st Responder: Firefighter
 1st Responder: Paramedic
 1st Responder: EMT Professional
 Other _____

Any Disabilities? _____

What is your Marital Status? _____ Will your spouse be attending the activity? Yes No

How far are you willing to travel to participate in a program? _____

Interests (check all that apply)

- | | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Shooting Sports: Action, Steel, Sporting Clays | <input type="checkbox"/> Enduro / Adventure Motorcycling | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Airsoft Action Shooting Team | <input type="checkbox"/> Equestrian Activities, e.g. Horseback Riding | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Harley Introductory Riding Clinic | <input type="checkbox"/> Fly Fishing | <input type="checkbox"/> BBQ / Cook-off |
| <input type="checkbox"/> Sports Bike Riding Clinics | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Music: Composing & Writing |
| <input type="checkbox"/> Jet Ski Clinics | <input type="checkbox"/> Hunting | <input type="checkbox"/> Online Action Gaming Team |

Are you a Subject Matter Expert in one of these activities? Are you willing to become a Mentor? Yes No
(If you selected Yes please fill out the Mentor Registration Form)