



Astellas Pharma US, Inc.

Stroll for Well Being Program at the Morikami Museum and Japanese Gardens

Group Application

Registration Deadlines: FALL Oct. 14, 2019 / WINTER Jan. 13, 2020

Name of support or counseling group/doctor office _____

Name of parent organization _____

Address of parent organization: _____

Phone: _____ E-mail : _____

Name of group leader/doctor/counselor: _____

Address where support group leader/doctor/counselor may most easily be reached:

Phone: _____ E-mail : _____

Signature of group leader/ doctor/ counselor _____ Date _____

My signature above acknowledges that the applicants listed here are current members of my group/organization and qualify according to the Program Policy (below) as participants in the Astellas Stroll for Well Being Program offered by Morikami Museum.

Program Policy and Information:

- Stroll for Well Being Program is a **supplementary** program, participants are encouraged to continue and pursue individual/group counseling outside of this service.
- Participation in this Astellas-funded program is offered to **NEW** participants only.
- This program involves mild physical activity (walking on gravel).
- At the first meeting, you will receive your journal and a temporary Morikami “dual” membership. **It is required that you attend all 3 meetings and participate in a minimum of 3 individual walks.** At the final meeting you will receive your 1-year “dual” membership. Failure to meet these guidelines may jeopardize your membership.
- See page 2 for **required documentation** options.

Return this application & required documents:

Scan and email to:
vrosen@pbcgov.org

-or-

Fax to: 561-499-2557
Attention: Wendy Lo

-or-

Mail to Wendy Lo at:
Morikami Museum & Japanese Gardens
4000 Morikami Park Rd.
Delray Beach, FL 33446

Please use chart below and choose one from each of the following: (please circle)

Group: FALL 2019 or WINTER 2020

Day: Wednesdays or Saturdays

Time: Mornings (11:00 AM - 12:30 PM) or Afternoons (1:30 PM - 3:00 PM)

Fall 2019			Winter 2020		
	Wednesdays	Saturdays		Wednesdays	Saturdays
Meeting 1	Oct. 16	Oct. 26	Meeting 1	Jan. 15	Jan. 18
Meeting 2	Nov. 13	Nov. 9	Meeting 2	Feb. 19	Feb. 22
Meeting 3	Dec. 4	Dec. 14	Meeting 3	Mar. 18	Mar. 21

Please attach to this form ONE of the following:

- A letter of recommendation from your group leader/ doctor/ counselor on the organization's letterhead, or
- A doctor's letter or prescription, or
- Group leader/ counselor's current business card

Location:

- Morikami Museum and Japanese Gardens (see address on page 1) Classroom A
- Limited space available to 18 participants per session. First come, first served basis.

Group Members participating in the Astellas Pharma US, Inc. program of garden-walking: (Please print clearly)

1. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

2. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

3. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

4. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

5. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

6. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

7. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

8. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

9. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

10. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

11. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

12. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

13. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

14. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

15. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

16. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

17. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.

18. Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the policies of the program as a participant of the Astellas garden-walking program.
