



Astellas Pharma US, Inc. Stroll for Well Being Program at the Morikami Museum and Japanese Gardens

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

Name of Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____ (for reminders and updates)

Applicant Signature: _____ **Date:** _____

My signature above acknowledges that all information is accurate and that I agree to the **policies of the program** (page 2) as a participant of the Astellas Stroll for Well Being Program.

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 applicant listed here is a current member of my group/organization and qualifies as a participant in the Astellas Garden-Walking program offered by the Morikami Museum and Japanese Gardens

Please attach to this form ONE of the following: (Required documentation)

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

Program Policy and Information: please *initial* after each statement acknowledging you understand

- Astellas 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 garden paths (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 receipt of this membership.** ____

Location: Morikami Museum and Japanese Gardens (see address below), Classroom A
 Limited space available to 18 participants per session. First come, first served basis.

Fall 2019		
	Wednesdays	Saturdays
Meeting 1	Oct. 16	Oct. 26
Meeting 2	Nov. 13	Nov. 9
Meeting 3	Dec. 4	Dec. 14

Winter 2020		
	Wednesdays	Saturdays
Meeting 1	Jan. 15	Jan. 18
Meeting 2	Feb. 19	Feb. 22
Meeting 3	Mar. 18	Mar. 21

Please use charts above and circle your selection:

First Choice

Group: FALL 2019 or WINTER 2020

Day: Wednesdays or Saturdays

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

Please use charts above and circle your selection:

Second Choice

Group: FALL 2019 or WINTER 2020

Day: Wednesdays or Saturdays

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

Return this application and required documents to:

Scan and email to:
 vrosen@pbcgov.org

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

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

- or -

- or -
