



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

**Registration Deadline:** Jan. 10th, 2017

**Name of support or counseling group/doctor office** VAWPB Health Promotion Workshop

Name of parent organization West Palm Beach VAMC

Address of parent organization: 7305 North Military Trail, West Palm Beach, FL 33410

Phone: 561-422-8262 E-mail : \_\_\_\_\_

**Name of group leader/doctor/counselor:** Nicole Richardson, Health Behavior Coordinator

Address where support group leader/doctor/counselor may most easily be reached:  
7305 North Military Trail, West Palm Beach, FL 33410

Phone: 561-422-5795 E-mail : Nicole. Richardson @va.gov

**Signature of group leader/ doctor/ counselor** \_\_\_\_\_ Date 11/25/16

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

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**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 Garden-Walking program.

**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
- Personal letter of intent: in 3-5 sentences write why you feel you could benefit from this program  
*(to be reviewed by Morikami health care professional)*

**Program Policy and Information:** *(please review carefully)*

- Participation in this Astellas-funded program is offered to **new** participants only.
- This program involves **mild physical activity**, walking on garden paths.
- 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 4 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, Classroom A

Limited space available to 20 participants per session.

First come, first served basis.

<b>Group N - Winter 2017</b>		
	<b>Wednesdays</b>	<b>Saturdays</b>
<b>Meeting 1</b>	Jan. 11, 2017	Jan. 14, 2017
<b>Meeting 2</b>	Feb. 8, 2017	Feb. 11, 2017
<b>Meeting 3</b>	Mar. 8, 2017	Mar. 11, 2017

Please choose one of the following from each: *(please circle)*

**Day: Wednesdays OR Saturdays**

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

**Return this application and required documents to:**

Scan and email to:  
vrosen@pbcgov.org

- or -

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

- or -

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