

**20%\$ MICHIGAN WOMYN'S MUSIC FESTIVAL  
DART REGISTRATION**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City/State or Province/ZIP or PC: \_\_\_\_\_

1. Have you attended the Michigan Womyn's Music Festival before? Yes \_ No \_

If yes, what was the last year you attended the Michigan Festival? \_\_\_\_\_

a. Have you used DART services in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

b. If yes, which years? \_\_\_\_\_

2. Please give any information you'd like us to have regarding your disability: \_\_\_\_\_

3. Please check which of the following services you will need:

Sighted Guides \_\_\_\_\_ Helping Hands† \_\_\_\_\_ DART Shuttle \_\_\_\_\_ DART Food Line \_\_\_\_\_

4. Will you be using a wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is it Manual? \_\_\_\_\_ Motorized? \_\_\_\_\_

5. Will you need electricity? for Battery charges \_\_\_\_\_ or Respirator/CPAP \_\_\_\_\_  
*(Please respect that electricity is for direct to Medical devices only.)*

6. Will you be **camping in the Central DART** Area? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If you are not camping in Central DART, please skip to question 7.)*

a. Are you bringing a personal medical attendant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is her name? \_\_\_\_\_

b. Will you have tent-mates camping with you? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Are you requesting a space in the Community Sleep Tent? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Do you have any specific concerns about tent camping that you would like DART staff to know about before your arrival? \_\_\_\_\_

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7. Will you be **camping in DART RV** in a recreational vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you are not camping in DART RV, please skip to question 8.)

a. Please describe your vehicle type and size: \_\_\_\_\_

b. Are you bringing a personal medical attendant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is her name? \_\_\_\_\_

c. Will you have RV-mates camping with you? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Will you also be putting up a tent in Downtown DART? Yes \_\_\_\_\_ No \_\_\_\_\_

e. Do you have any specific concerns about RV camping that you would like DART staff to know about before your arrival? \_\_\_\_\_

8. Will you be using DART services but camping in a general campground (not in DART)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify the services you plan to access (i.e. DART Shuttle, DART Food Line or DART Showers; Helping Hands **are not** available to womyn camping in a general campground): \_\_\_\_\_

9. We will provide a Braille or audio Festival program at the DART office if pre-requested by **> i bY &\$**. Please check if you need a Braille \_\_\_\_\_ or Audio \_\_\_\_\_ Festival program.

10. Is there any other information that you would like to share with us?

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Please mail this form **postmarked by July 15th for DART RV** or by **July 15th for Downtown DART** to:

WWTMC, PO Box 22, Walhalla, MI 49458; (231) 757-4766

**20%\$ FESTIVAL DATES ARE AUGUST ' - ,**

*Clear this form*