Project to be submitted to: The Association of Applied Therapeutic Humour

Project Facilitator: Kathy Klaus kathy.klaus@me.com 1-780-709-1616

**Please provide the following Information. If you are contributing a story**

**on behalf of your incapacitated or deceased loved one, please fill out a**

**separate information form for her.**

**Please note that all stories may be edited for length and style.**

Full name:

Country of residence:

Phone:

Email address:

Your one piece of advice to your younger self or perhaps a niece who is trying to live a good life:

Your Passion/ Life’s work or Occupation:

What would you like people to know about you.

Please provide a short paragraph outlining your background/ life experience and/or current situation and/or passion.

By your participation in this project, you are agreeing to the use of your name, age range and submitted stories to be shown in a book format for the use of the Association For Applied And Therapeutic Humor, as well as being circulated to all project participants.

Your Name: Date