

# Participant Agreement Form

Name of Organization

Contact Person

Title

Address

Phone

Fax

Email

Yes, our organization will participate in The Time of Your Life Brain\_Boosters program.

We agree to:

Use \$200 allowance to purchase Brain Booster toolkits

Schedule and publicize regular sessions of Brain Boosters activities

Distribute The Time of Your Life articles provided by the Mental Fitness\_Coalition to your members (newsletter, website, exhibits, etc.)

Schedule a presentation of the Maintain Your Brain® program with the Alzheimer's Association

Promote local and statewide Time of Your Life group presentations\_to your members

Conduct periodic program evaluations with participants, using\_assessment tools provided by the Coalition

Participate in periodic discussions with other site directors to provide feedback about program

Please return form to:

By mail: The Time of Your Life  
Wilmington Senior Center  
1901 N. Market Street  
Wilmington, DE 19802

By fax: 302-651-3470

By e-mail: [srgetman@wilmingtonseniorcenter.org](mailto:srgetman@wilmingtonseniorcenter.org)