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TODAY'S DATE

Contact Information:

FULL NAME BIRTHDATE

MAILING ADDRESS / CITY / STATE / ZIP

PHONE OCCUPATION

EMAIL PREFERRED METHOD OF ATTENDANCE

In Person Via Video

(for advanced students only)

PAST EXPERIENCE OF T'AI CHI OR MARTIAL ARTS TRAINING / (STYLE, TEACHER, WHEN, AND FOR HOW LONG)

ANY PHYSICAL LIMITATIONS OR MEDICAL CONDITIONS?

EMERGENCY CONTACT PERSON AND PHONE

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