



REGISTRATION

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Contact Information:

TODAY'S DATE

FULL NAME

BIRTHDATE

MAILING ADDRESS / CITY / STATE / ZIP

PHONE

OCCUPATION

EMAIL

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

WORKSHOP PAYMENT