

West Coast Taiji Association

Carrowgar,
Ogonnelloe
Near Scarriff
Co. Clare
Tel: (061) 923023

CLASS REGISTRATION FORM

Name **Age**.....

Address **Email**

.....

.....

Telephone Number(s).....**(Home)****(Work)**

I would like to register as a member of the West Coast Taiji Association. I agree to conduct myself in all matters relating to the association in a manner duly respectful of all others concerned.

I agree to make my teacher aware of any illness, injury or circumstances that might warrant their attention.

I understand that to obtain maximum benefit from my classes I will need to practice each day what I have been taught.

I agree to make payment for each term of €100, payable before the start of each term. I understand that this is non-refundable.

Signed..... Date.....

DEPOSIT / PAYMENT FOR NEXT CLASS

I enclose a deposit of €20 to reserve a place in the class starting onatpm at the Mechanics Institute, Hartstonge Street, Limerick

Please indicate by circling one of the items below where you found out about the class:

- a. By word of mouth b. Limerick Leader /Enquirer c Limerick Independent d. Limerick Post
- e. Poster f. Other

Thank you