

Cork Open Centre

www.TaiChiCork.com

REGISTRATION FORM

(Please Print)

Name: _____ Date _____

Address: _____

City: _____ County: _____ Code: _____

Phone: _____ E-mail: _____

Date of birth: _____ Previous Martial Arts experience: _____

Person to contact in case of emergency:

Name: _____ Relation: _____

Phone: _____

If registering for Children's class please complete the following:

Father's name: _____

Mother's name: _____

Address: _____

City: _____ County: _____ Code: _____

Phone: _____ E-mail: _____

How did you hear about us?

Word of mouth Internet Flyer Saw a Poster Web Page

Other (please elaborate)
