



# Richmond Centre for Disability

"Promoting a new perspective on disability"



## Martial Arts & Self-Defence Course



### Registration Form

First & Last Name \_\_\_\_\_

Sex \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City

Province

Postal code

#### Emergency contact:

Contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Course Costs \$ \_\_\_\_\_

Cheque    Cash    Visa    Master    Debit

Term	Period	Receipt #	Received by	Date
1 <input type="checkbox"/>	Jan 12 - Mar 16	_____	_____	_____
2 <input type="checkbox"/>	Mar 23 - May 25	_____	_____	_____
3 <input type="checkbox"/>	June 1 - August 3	_____	_____	_____
4 <input checked="" type="checkbox"/>	Aug 10 - Oct 12	_____	_____	_____
5 <input type="checkbox"/>	Oct 19 - Dec 4	_____	_____	_____