



# Richmond Centre for Disability

## Tai Chi Class

### Registration Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Address: \_\_\_\_\_  
City Province Postal Code

If parent/caregiver/other contact person is registering for the participant –

Contact Person: \_\_\_\_\_

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

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

Registered for: Term \_\_\_\_\_

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**FOR OFFICE USE ONLY – Costs \$** \_\_\_\_\_

Payment Method: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Note: