



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	_____	_____	_____