

Tai Chi Weekend Workshops

APPLICATION FORM

Last Name: _____ First Name: _____ Gender: _____

Address: _____

City: _____ State/Province: _____ Zip?Postal Code: _____ Country: _____

Email: _____ Home Tel: _____

Work Tel: _____ Cell/Pager: _____ Fax: _____

Briefly indicate your previous exposure to Tai Chi training

I am attending: First Weekend Second Weekend Both Weekends

Please chose from the payment options below*:

I am including the total of US\$249 (\$450 for Both Weekends)

I am including the deposit of US\$75

I am including the following post-dated checks:

Date:	Amount:

If I fail to make the full payment by the deadline, I may lose my place for the course.

I am aware that the deposit payment is non-refundable.

I am also aware that the training program is subject to change without notice.

I am paying by: Check or money order payable to: R. Clear Cash Credit Card

Card# _____ Exp. _____ Amount _____

Signature _____ Date _____

***All prices quoted are in US dollars. The equivalent amount in Canadian dollars or Euros is accepted based on the exchange rate on the day of payment.**

It is your responsibility to ensure that the payment deadline is met.
Please advise us of any change in your contact information.

Mail To: Clear's Tai Chi, 3932 Morganton Road, Maryville, TN 37801
or Fax to: 865 – 984 – 9860 (call first)
for more info call: 865-379-9997 or email: rclear@clearstaichi.com