



Female Empowerment Through Movement A Motivational Workshop

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REGISTRATION FORM

Burst! Workshop

Date: Saturday November 22, 2008 **Time:** 1:00-2:30

Workshop Location: 25 St. Nicholas Street Studio 209

Name _____ Date of Birth _____
Month/Day/Year
Address _____
Street Unit City Postal Code
Phone: (____) _____ Cell: (____) _____ E:mail _____
Emergency Contact _____ Phone Number (____) _____
Fitness Experience _____
How did you hear about the classes? _____
Referred by: _____ Who did you refer? _____

AUTHORIZATION TO USE IMAGE

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Yes _____ **No** _____ **(Please Initial)**

Fees:

\$30.00 per person

Date of Registration: _____ Method of Payment: _____

Forms completed: Waiver ___ PAR Q ___

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