

Mr. Ma Tai Chi School

Tai Chi Registration Form

Please complete this form, sign and date it, and mail it to:
Mr. Ma Tai Chi School, P.O. Box 3637, Cherry Hill, NJ 08034.

▶ **Make checks payable to Mr. Ma Tai Chi School.**

Name: _____

Age: _____

Sex: _____

Address: _____

City: _____

State: _____

Zip: _____

E-mail address: _____

May we send information and notices to your e-mail address? Yes No

Parent or Guardian: _____ (Please print.)

Home Telephone: _____

Emergency Telephone: _____

Class Name, Date, & Time: _____

Class Fee: \$_____ (See the fee schedule on the Tai Chi class schedule page.)

Total Enclosed: \$_____ (Make the check payable to Mr. Ma Tai Chi School.)

Refund policy: Once the first class starts, no money will be refunded.

Do you have any medical conditions that would interfere with tai chi exercise? Please explain.

I release the Mr. Ma Tai Chi School and its staff from any liability due to injury.

Signature (Parent or guardian if under 18)

Date

1. How did you find out about us? _____

2. What is it about tai chi that interests you? _____

3. How do you hope to benefit from learning tai chi? _____
