

VALENTINE'S DAY THAI MASSAGE WORKSHOP REGISTRATION*

*please mail or email form & payment to reserve your space

Sunday, February 12th, 2012

\$40/couple

Name: _____ Date of Birth: _____

Partner Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

How did you hear about Motion Center? _____

Please list any injuries or health conditions you have had in the past 5 years:



I understand that I am registering for workshop above, and that full payment is required to reserve a space. I have noted any injuries or health conditions I have, and have read and understand the Payment Policies.

signature

date

PAYMENT POLICIES:

Withdrawl 2 weeks prior to workshop: full refund

Withdrawl 1 week before workshop: \$10 refund

Withdrawl less than one week before workshop: no refund

GENERAL INFORMATION:

Please inform your teacher of any current/chronic injuries or health conditions so that she may safely modify the class for you.