

East West Institute Registration Form 2012

Registration Methods:
 Online: www.realtaichikungfu.com/Registration
 Email: taichigong@gmail.com
 Mail or Fax Registration Form

Payment:
 Cash (in person);
 Check (payable to "East West Institute");
 Credit Card (online)

Mailing Address: 110 Lawnton Rd. Willow Grove, PA 19090
Contact: Matt Zhang Phone: 215-259-3038
Email: mzhang@eastwest.us

Program/Activity Name: **Mandarin Chinese, KUNG FU, TAI CHI, SELF-DEFENSE, TESOL Certificate, Instructional English**

Ages: **5+**

Location: 319A South York Road, Hatboro, PA 19040; **Willow Grove, PA 19090**; 1400 Willow Ave. Elkins Park, PA 19027

Director: **Prof. Matt Zhang**

	Classes	Age	Time	Weeks Offered	Tuition
Selection:	Chinese-K101	Kids (6-16)	Sun. 1:00-3:00 pm	8, 16 weeks	180, \$330
	Chinese- A101	Adults	Sat. 3:00-5:00 pm	8, 16 weeks	180, \$330
	KUNG FU-1	Kids- Adults	Sun. 10:00-12:00 am	8, 16 weeks	\$200, \$350
	KUNG FU-2	Kids- Adults	Tue & Thu. 6 -7 pm	monthly	\$120
	TAI CHI-1	Kids- Adults	Sat. 2:00-3:00 pm	8, 16 weeks	\$120, \$180
	TAI CHI-2	Kids- Adults	Mon & Wed. 6 -7 pm	monthly	\$120
	QI GONG	Adults	Mon. 7:00-8:00 pm	Monthly	\$150
	Push-Hands w/ Self-Defense	Adults	Wed. 7:00-8:30 pm	Monthly	\$180
	TESOL English Teacher Certificate	Adults	Sat 10:00-11:50 AM	10 weeks	\$650
	Instructional English	Adults	Sat 1:00 - 2:50 PM	10 weeks	\$500

* **10% off** if registered one week before the starting dates.

* Registration fee: \$20; Late registration fee: \$10

* Start-up Kit: \$100 including Uniform (T-shirt, pants, shoes), Instructional DVD, music CD and belt.

Registrant's Information:

First Name:			Last Name:		
Age:		DoB:		Male	Female (circle one)
Home Phone:			Cell Phone:		
Address:					
City/State/Zip:					
Email Address:					

Parent/Guardian: Child lives with this person: **Yes No** (circle one)

Full Name: _____

Work Phone/Cell Phone: _____

Special Needs/Medication:

Payment Information:

Payment Method: Online Check Cash **(circle one)**

Online --- 1. www.realtaichikungfu.com/Registration 2. <http://eastwest.us/Registration/Classes.aspx>

Check # _ Amount:

Release:

- I grant permission for a licensed physician and hospital to provide emergency care for the above-mentioned individual. Ambulance cost is my responsibility.
 - To the best of my knowledge, the participant is in good health and is able to participate in the activity. I understand that while the recreation program staff makes the safety of participants its top priority, no recreational activity is without some inherent risk of bodily harm.
 - In case of accidents, I release East West Cultural Institute LLC from all claims to personal injury and property damage which may result from participation in the above trip, activity, camp and other programs.
 - The participant will abide by all rules and regulations set forth by East West Cultural Institute LLC relating to participation in the above trip and activity.
 - As an adult parent/guardian, I am responsible for all transportation to and from the activity or bus pick-up point.
- I have read and understood, and agree to the above items.**

Signature: _____	Date: _____
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