

East West Institute® 東西方文化學院

Great Dragon Tai Chi – Kung Fu Academy Registration Form

Program/Activity Name: **Kung Fu / Tai Chi**
 Ages: **6+**
 Location: **Lansdale / Willow Grove / Hatboro, PA**
 Director: **Master Matt Zhang**

- Selection: 1. **Extreme Tai Chi Push-hands** Friday 7 pm - 9 pm (Feb. 19, 2010) \$80
 By Master Shie-Ming Hwang Saturday 10 – 11 am (Feb. 20, 2010) FREE
 Sunday 9:30 am - 1:30 pm (Feb 21, 2010) \$120
 ** Special discount: Fri – Sat – Sun package \$160
 2. **Private Lessons (Mon – Sun) by appointment** \$50-60 per class
 --- Including Tai Chi, Tai Chi Push-hands, Kung Fu, weapons, tips and strategies, etc.

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: PayPal Check Cash (circle one)

My PayPal Account Number:

Your PayPal Account Number:

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 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 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:

Payment Methods:

Online (PayPal) Cash (only when registering in person)
 Check (payable to "Matt Zhang") Mail check with Registration Form to: ➔

Address:

110 Lawnton Road
 Willow Grove, PA 19090

**Ph: 267-231-0111
 215-259-3038**

Email: taichigong@gmail.com