

## MING TAO T'AI CHI STUDIO

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https://www.mingtaotaichi.com

STUDEN	T ENROLLMEN	T FORM
Last Name	First Name _	
Mailing Address	Date	
City	State	Zip
Email Address		
Cell Phone	Land Line	
69 E. Ma	United Methodist C tin Street DE 19711 onation to one location* (Includes Wiln session per person nese Red Envelop.	2400 West 17th Street Wilmington, DE 19806 ation): mington sessions also) & \$125-Advanced three month session*
Program Dates:		
Student hereby represents that he/she is over the course of instruction of T'ai Chi Ch'uan. It is a instruction, services, and use of equipment and MTTCCS and/or Immanuel Church by executi Student hereby releases and waives any claim conduct of MTTCCS and/or Immanuel Church the risk thereof. I understand my rights as stated	agreed that student, I facilities. Student ing this agreement a or cause of action for hereunder or with	at student's sole risk, shall undertake all assumes this risk without liability to and participating in said course of instruction for any reason whatsoever arising from and
William Allen	Stude	ent