

T'ai Chi Chih

Joy Thru Movement®

NL Canada Teacher Accreditation Training

Monday, July 27th - Saturday, August 1st, 2009

St. Catherine's Renewal Centre, 3 Catherine Street

Grand Falls-Windsor, NL A2A 1V7

Facilitator: Sandy McAlister

Hostess: Sheila Leonard, PBVM, Accredited Instructor

Tel: 709-579-7863 Fax: 709-753-8789 (Lantern)

(Can also fax 709-579-7863 at home but call first so I can plug it in)

www.envision.ca/webs/taichichihnl

Registration Form

Name: _____ Telephone (Home) _____

Address: _____ (Work) _____

_____ (with postal/zip code)

E-mail address: _____ (I am a ___ teacher ___ student)

Student Accreditation Fee: \$450 (\$100 non-refundable due with registration)

Accommodations/Meals: \$350 (\$100 non-refundable due with registration)

(Both balances due by June 1st or full amount can accompany registration form.)

___ I will need a single room. ___ I am willing to share a room.

Evening meal on Sunday and noon meal on Saturday are included.

Please indicate any special dietary needs we might be able to accommodate.

*** If needing to come a day earlier or stay an extra night, please let me know.

*** To guarantee your space, please send registration forms, with fees, as soon as possible, cheques payable to me, Sheila Leonard, at my home address:

67 Guzzwell Drive, St. John's, NL Canada A1A 4M3

Notes for Candidates:

- I understand that my final acceptance into this course is dependent upon referring signatures from two accredited T'ai Chi Chih Instructors. The original is to be mailed to the trainer, and a copy is to be mailed to the course host.
- I understand that my registration and payment of tuition do not guarantee my accreditation and that the final decision for granting accreditation rests with the teacher trainer at the end of the training.
- I understand that if it becomes necessary for me to cancel, that a portion of my payment will be non-refundable.

Signature: _____ Date: _____