



**Wu's Tai Chi Chuan Academy, Archway, London, UK
Residential Course August 23rd 2019**

Registration Form

Title: First Name Surname

Address.....

..... Post Code

E mail Address.....

Preferred Contact telephone number

Alternative Contact telephone number

Gender: Male Female Date of Birth

Please note that it is shared Accommodation (£160.00)

I enclose a cheque made out to "TCCA" for the appropriate amount

Emergency Contact

Name Telephone Number

Do you have any special dietary needs or requirements? Yes No

If Yes, please give details.

Do you have any present or previous medical condition(s) which may affect your ability to carry out physical exercise and of which we should be made aware?

Yes No

If yes please give brief details, along with details of any medication you are currently taking.

Do you take any regular form of exercise? Yes No

If yes please give brief details.

Signature Date of Registration

Please return the form and remittance to:

Wu's Tai Chi Chuan Academy, Whittington Park Community Association, Yerbury Road,
London N19 4RS