



The Rhythm Centre

“We rarely hear the inward music but were all dancing it nevertheless “ –Rumi

Registration Form – Personal and Professional Data

<p>_____</p> <p>First Name Middle Initial Last Name</p> <p>Preferred/Nick Name</p>			<p>Participants Photo ID size 2x2 (Please send 2)</p>
<p>Street Address</p>		<p>For Office Use Only</p> <p>Payment Method</p> <p>Enrolment Date</p> <p>Received by</p>	
<p>City, State, Zip</p>			
<p>Email Address</p>			

Programs; Please indicate your program of choice and date

PROGRAM	Course Name	Date
Movement and Healing Arts		
Outreach – Movement A Breast		
Movement Retreats		
Creative Movements		
Yolingu		
Five Rhythms		

Please outline your reasons for choosing the above program/s

Background Information

Please provide detail (if any) of dance movement experience

Special Needs

Please note any special needs (physical, dietary, sensory or access requirements etc...

Information regarding venue directions lunches accommodation etc. Will be provided upon receipt of registration

Payment Method

Pay pal Funds Transfer* Credit Card: Visa Master Card

Credit Card Details

Name on Card:

Credit Card Number

Expiry Date

CCV

Terms and Conditions

Terms, Conditions and cancellations policy apply to each course and will be provided based on the course of choice. You can also review details under your course of choice on our website www.rhythmcentre.com

I understand and accept the terms and conditions of this registration

Name _____

Signature _____

Date _____