AMSTERDAM INTERNATIONAL WINTER RETREAT 2018 REGISTRATION FORM

Name……..
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Address…….....
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Tel…….....
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Mobile…….....
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Email address…….....
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APPRENTICESHIP REQUESTED (please tick)
Other requests on your tai chi program:

….....
…….....

TAI CHI LEVEL you last completed:

Form ……..…….....

PH……..…….....

Teaching Level……..…….....
…….....

Time in the Art leading a session……..

Sword……..…….....
…….....

Fencing……..…….....

Winter Form Work……..…….....
…….....

Thank you.
Please send to: pstreef@xs4all.nl.