

Registration Form

Regional Lok Hup Workshop
London: Nov 30 to Dec 2 2018

Name: _____ Email: _____

Branch: _____ Phone: _____

Transportation (contact us if you need pickup from station/airport):

Own Vehicle Bus Train Plane Other

Date/Time Arriving: _____

Date/Time Departing: _____

Accommodation (ask for the group rate at the Ivey Leadership Centre or the Guest House):

Ivey Spencer Leadership Centre Guest House on the Mount Windermere Manor
 Not required Other: _____

Meals (Please check all attending):

Saturday Lunch Saturday Dinner Sunday Lunch

Special Diet (Please check any that apply):

Vegetarian Gluten Free Other: _____

Program Itinerary:

Friday Nov. 30

6:30 PM Registration
7:00 PM 1st Half Set Review
10:00 PM Rest and Recover

Saturday Dec. 1

9:00 AM Registration
9:30 AM 2nd Half Instruction
10:30 AM Coffee/Snack Break
11:00 AM Instruction
12:00 PM Meditation
12:30 PM Lunch (Catered on-site)
1:30 PM Instruction
3:30 PM Tea/Snack Break
4:00 PM Instruction
5:15 PM Meditation
6:00 PM Dinner (Local Chinese Restaurant)
7:30 PM Instruction
9:30 PM Meditation
10:00 PM Rest and Recover

Sunday Dec. 2

9:00 AM 2nd Half Instruction
10:30 AM Coffee/Snack Break
11:00 PM Instruction
12:00 PM Meditation
12:30 PM Lunch (Catered on-site)
1:30 PM Instruction
4:00 PM Farwell / Safe Journey

Questions? Contact us at: info@LondonTaiChi.ca or 226-270-8502



Canadian Tai Chi Academy

Unit 203B, 1220 Stellar Drive
Newmarket, Ontario, L3Y 7B9
289-366-9956

Regional Lok Hup Workshop – London Branch

November 30, December 1, December 2 2018

Voluntary Release and Waiver In consideration for being permitted by Canadian Tai Chi Academy to participate in the Academy's Activities, I _____ (print name), for myself, my spouse, heirs, legal representatives and assigns, hereby assume all risks for such involvement, and release and discharge the Canadian Tai Chi Academy, its affiliates, agents, officers, and employees, from all liability, claims, demands, actions and causes of action whatsoever, whether known or unknown, arising out of or relating to any loss or damage that may occur either directly or indirectly from my participation in such activity. I enter into this VOLUNTARY RELEASE & WAIVER willingly and with full knowledge and understanding that by my signature below, I am expressly releasing the Canadian Tai Chi Academy from any liability arising from instruction or use of facilities and equipment while engaging in the Academy's activities.

Participant Signature _____

Date _____

(Signature of Parent or Legal Guardian Required if Student Is Less Than 18 Years of Age)

Participant Contact Information

Name: _____

Street Address: _____

City/Province: _____

Postal Code: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Send Completed Forms:

Scan/Email: info@LondonTaiChi.ca

Fax: 226-270-8502

Mail: CTCA London Branch

37 Beaconsfield Ave

LONDON, Ontario, N6C 1B6