Pre-registration Form

"Lifecycles & Lifestyles"

Level 2 Teacher Training

July 2016, Toronto, Ontario

Legal Name (print):			
	(Last)	(First)	(Middle)
Spiritual Name (print):	(Last)	(First)	(Middle)
Mailing Address:			
City:	Prov	rince/State:	_Postal/Zip:
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Birth Date: (Month	/Day/Year)		
Amount Paid:	_		
Type of Payment (indicate ch	neque or PayP	Pal):	
Level 1 Training: Lead Train	er:	Date:	_Location:
List previous Level 2 courses	s:		
received in writing and sent t authorized once a participant will not be responsible for pa	to Nirmal Sing has begun the articipant trave	el and accommodation costs inc	2016. No refunds will be e is cancelled, The Wellness Path
Signature (Legal Name):			_Date:

Please email this completed form to Nirmal@TheWellnessPath.ca or mail to The Wellness Path at 115 Shaws Road, Blue Mountains, Ontario L9Y 0R7 Canada