



Workshop Registration Form
 Please complete all applicable fields.

Workshops

Class	Dates	Participants

Personal Information

<input type="text"/>		<input type="text"/>	
First Name		Last Name	
<input type="text"/>	or	<input type="text"/>	
Due Date (D/M/Y)		Baby's Name & Age	
<input type="text"/>		<input type="text"/>	
Home Address		Apt #	
<input type="text"/>		<input type="text"/>	
City		PC	
Telephone Numbers			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home	Cellular	Business	Extension

<input type="text"/>	
E-mail address (home preferred)	
Partner (if applicable)	
<input type="text"/>	
First Name	<input type="text"/>
Last Name	<input type="text"/>

Fees

Subtotal	<input type="text"/>
GST	<input type="text"/>
Total	<input type="text"/>

How will you be paying ?
 Credit card (VISA, American Express or Master card)
 Cheque