



# Body Power Registration Form

Please print clearly in BLOCK CAPITAL letters

Course		Location			
Pilates	Yoga	(circle 1)	Nelson	Tahunanui	Richmond
Start Date & Time:					

**Full Name**

First Name

Last Name

**Address**

**Telephone** ( )  ( )

Home

Work

**Email Address**

Please check your email address if you want to be on our mailing list

**Age**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 18	18-25	26-35	36-45	46-64	65+		

## Health History

(Please include past and present injuries of Back, Knee or other joint problems and/or body conditions that may be affected by the program such as Diabetes, Asthma, Blood Pressure, Surgery, Pregnancy)


Signature \_\_\_\_\_

Date \_\_\_\_\_

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Please complete and return with payment as below or return by email & direct credit to:

Body Power Pilates & Yoga Limited  
P O Box 1171  
Nelson

Westpac Nelson 03 0703 0605137 00  
Please remember your name as a reference

Please make cheques payable to Body Power Pilates & Yoga Limited and include 35¢ cheque fee.

**Course fees are non-refundable and non-transferable upon commencement of the course.  
\*\*Please visit our website for full terms & conditions.**

## Receipt of Payment and Confirmation of Enrolment GST #87-368-203

<b>Receipt of payment</b>	\$	Date:	
Name:			