



Participants' name _____
Street Address _____
City/Town _____ Postal Code: _____
Phone (H): _____ Other: _____
E-mail Address: _____

Please indicate the course you are registering for and indicate which session or date you will be attending:

<input type="checkbox"/> Yoga
<input type="checkbox"/> Pilates
<input type="checkbox"/> First Aid
<input type="checkbox"/> Other

Fax or e-mail completed form to:
Fax: 905-584-6787 E-mail: info@coresolutionsphysiotherapy.com

To confirm registration, please send payment 1 week prior to course start date.
Cheques payable to Core Solutions.

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