



Qwi:qwelstóm Registration

NAME:	_____
ADDRESS	_____
CITY	_____
POSTAL CODE	_____
TELEPHONE	_____
EMAIL	_____
DOB	_____
EMERGENCY CONTACT NAME AND NUMBER	
1.	_____
2.	_____
Please Indicate: Mens RR <input type="checkbox"/> Womens RR <input type="checkbox"/>	
Day Treatment <input type="checkbox"/> Learning Circle <input type="checkbox"/> Specify _____	

Please submit your registration to:

Darren Charlie

Bldg 7, 7201 Vedder Road, Chilliwack, BC V2R 4G5

Phone: 604-824-3200