

In-Spiraling Movement Arts

Formerly White Crane Movement Arts

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Registration Form

Name of Course: _____

Date of Course: _____

Affiliation: _____

Pre-Trainer/Master Trainer: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day- _____ Evening- _____

E-mail: _____

Please make all checks payable to “In-Spiraling Movement Arts”

I have enclosed my **deposit or full payment** of _____ to reserve my place in the above course. I understand that all deposits are non-refundable and non-transferable and that the balance is due on the first day of the course. I also understand that no video or recording equipment is allowed and that courses may be cancelled due to lack of confirmed participants. I also understand that my signature below is required to hold my place in this course.

Signature: _____ Date: _____

Please contact us if you have any questions:

Phone: 310-235-2100 E-mail: Lisamarie@white-crane.net Fax: 310) 235-2117