

MINDFUL MANNERS™

ENROLLMENT APPLICATION

WE'RE DELIGHTED THAT YOU'VE CHOSEN MINDFUL MANNERS TO INSTILL WHOLESOME VALUES THAT WILL HAVE A POSITIVE IMPACT ON YOUR CHILD(REN'S) LIFE. TO ENROLL SIMPLY...

- INDICATE WHICH DATES/TIMES YOU'RE INTERESTED IN AND FILL IN ALL OTHER INFORMATION.
- MAKE OUT YOUR CHECK FOR THE TOTAL AMOUNT TO "MINDFUL MANNERS".
- SIGN AND DATE THIS FORM AND MAIL IT WITH YOUR PAYMENT TO US AT THE FOLLOWING ADDRESS:

MINDFUL MANNERS
P.O. Box 9133
San Pedro, Ca 90734

PRIOR TO THE START OF EACH COURSE WE'LL CONFIRM ENROLLMENT BY PHONE. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL US AT **(310) 832-2334**

DATE	LOCATION	TIME	COST	PARTICIPANT NAME(S)	AGE(S)
			\$		
			\$		
			\$		
			\$		

TOTAL PAYMENT : \$

DO THE PARTICIPANTS LISTED ABOVE HAVE ANY FOOD ALLERGIES ? IF YES, PLEASE EXPLAIN

HOW DID YOU HEAR ABOUT MINDFUL MANNERS ?

PARENT / LEGAL GUARDIAN NAME:

ADDRESS:

HOME PHONE: CELL PHONE: WORK PHONE:

E-MAIL: EMERGENCY CONTACT NAME & PHONE:

I, _____, DECLARE THAT I AM THE PARENT/LEGAL GUARDIAN OF _____. I THE UNDERSIGNED DO HEREBY AGREE TO ALLOW THE INDIVIDUAL(S) NAMED HEREIN TO PARTICIPATE IN THE AFOREMENTIONED ACTIVITY(IES), AND I FURTHER AGREE TO INDEMNIFY AND HOLD EVELYN CAHUE AND ANY PLACE OF BUSINESS THE ACTIVITY(IES) ARE HELD IN HARMLESS FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY INJURY WHICH MAY BE SUFFERED BY THE AFOREMENTIONED INDIVIDUAL(S) ARISING OUT OF OR IN ANY WAY CONNECTED WITH HIS/HER/THEIR PARTICIPATION IN THIS ACTIVITY

SIGNATURE: PRINT NAME: