

Auditor's Registration & Payment Form
 T'ai Chi Chih® Teacher Training Course, May 29th- June 4th, 2020
 The Franciscan Spiritual Center, Aston, Pennsylvania

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Emergency Name & Contact Number _____

Year Of Accreditation _____

I will have teacher candidates in attendance: Yes ___ No ___ Number ___

Overnight Guests: Please circle the days and meals you plan to attend:

I am an overnight guest	Friday	5-29-20	Yes	No			
	Saturday	5-30-20	Yes	No	B	L	D
	Sunday	5-31-20	Yes	No	B	L	D
	Monday	6-1-20	Yes	No	B	L	D
	Tuesday	6-2-20	Yes	No	B	L	D
	Wednesday	6-3-20	Yes	No	B	L	D
	Thursday	6-4-20			B		

Cost for overnight guests (includes meals and day use): \$80 single room with private bath

Please Note: *There is no credit/reduced fee for missed meals.

Total Nights _____ X \$80 = \$ _____

Overnight in full or 50% Deposit \$ _____

Day Guests: Please circle the days and meals you plan to attend:

I am a visiting day guest	Friday	5-29-20					
	Saturday	5-30-20			B	L	D
	Sunday	5-31-20			B	L	D
	Monday	6-1-20			B	L	D
	Tuesday	6-2-20			B	L	D
	Wednesday	6-3-20			B	L	D
	Thursday	6-4-20			B		

Visiting Day Guest Facility Use Fee is \$10 (without meals; please note there is no access to the dining hall.)

Guest Facility Use and Meals: \$17 (b-fast); \$19 (lunch); \$23 (dinner); \$40 (for all 3 meals)

Total Days, no meals: _____ X \$10 = \$ _____

Total Days, b-fast only: _____ X \$17= \$ _____

Total Days, lunch only: _____ X \$19 = \$ _____

Total Days dinner only: _____ X \$23=\$ _____

Total Days, with all 3 meals: _____ X \$40 = \$ _____

TOTAL facility Day Use & Meals Fee in full or 50% Deposit: \$ _____

MAKE CHECKS PAYABLE TO COURSE HOST: April Leffler

MAIL completed form with ONE check to: April Leffler, 702 Prospect Ave.; Prospect Park, PA 19076

Questions: Contact April Leffler at lirpaleff@rcn.com or call/text 610-809-7523

Please keep a copy for your files.