

TAI CHI FROM THE ARTHRITIS FOUNDATION

Instructor Training Workshop Application Level II

General Information	
Name:	Date of Birth:
Your Mailing Address:	Ethnicity (optional):
City, State, Zip:	Home Phone:
E-mail:	Work Phone:
Facility Information	
Name of Facility:	Name of Program Dir., Exec. Dir. or Supervisor:
Street Address:	Phone:
City, State, Zip:	Fax:
Course Information & Prerequisites	
Date of Course: April 5, 2009	Location: Dallas, TX
Fee-\$150.00	
Minimum Prerequisites for Tai Chi from the Arthritis Foundation: 1. Must be at least 18 years of age 2. Must have current CPR certification	Please answer the following questions completely: 1. Do you have arthritis? yes no If yes, what type(s)? _____ 2. Why do you want to be a Tai Chi from the Arthritis Foundation instructor? _____ _____ 3. List any health or exercise related training, diplomas, degrees and/or certificates you have received: _____ _____ _____
Please send copies of prerequisite information with your application!	

Participant Signature: _____ Date: _____

Arthritis Foundation Representative: _____

Chapter: _____ Date: _____

- **Mail** this form with payment to: **Arthritis Foundation**, 4300 MacArthur Ave., Suite 245, Dallas, Texas, 75209 **OR**
- **Fax** this form with credit card (VISA, Master Card, Amex) information to (214) 824-5842:
 Credit Card Number: _____ Expiration Date: _____