Byron Township Recreation
Adult Tai Chi

Tai Chi– essentially, moving Qigong—is a path which incorporates focused internal breathing with stationary and moving exercises that energize your whole body. Sifu (teacher) Ric has been involved with many Martial Art styles and systems for nearly 30 years, learning both internal and external disciplines. Learn up to 24 basic movements of short linear Tai Chi.

Dates:	Monday, January 11 - March 29, 2010	Tuesday, January 12 - March 30, 2010
Time:	6:00pm - 7:00pm *Beginner	10:00am - 11:00am *Beginner
	7:00pm - 8:00pm *Returning	11:00am - 12:00pm *Returning
Location:	BC District Services Cafeteria	Community Center
	8542 Byron Center Avenue	2120 76th Street

Instructor: Fredric Clack –Senior Instructor

Cost: $36 Resident / $46 Non-Resident

Minimum: 8 per class

Maximum: 20 per class

Registration Deadline: January 8, 2010 ($5 late fee after deadline)

Age: 16 +

Note: Wear comfortable clothing such as sweat pants and a t-shirt.

HOW TO REGISTER: Mail in, drop off or fax your signed and completed registration form and the full registration fee to the Parks and Recreation Department to reserve your spot. Office hours are Monday-Friday 7am-9pm and Saturday 8am-5pm. Cash, checks or credit cards accepted. Make checks payable to: *Byron Township*. **No refunds will be given after the deadline.**

Byron Township Parks and Recreation * 2120 76th St * Byron Center, MI 49315
Phone: 878-1998 * ***Website***: www.byrontownship.org * ***Fax:*** 583-1220

Adult Tai Chi Winter

Circle One: Monday: 2058 BW10 2058 RW10 Tuesday: 3037 BW10 3038 RW10

Name:_____

Birthdate:_____ **Age**:_____ **Male / Female**

Address:_____ **City**:_____ **Zip**:_____

Municipality (where you pay taxes):_____

Phone:_____ **Alternate Phone**:_____

School:_____ **Email**:_____

I hereby understand that by signing this form, I agree not to hold Byron Township or Athletes in Motion or Byron Center Public Schools responsible for any injuries that may occur during participation in this Byron Township Recreation Program. Furthermore, I authorize Byron Township to use photographs of participants for Byron Township promotional literature.

Parent's Name Printed:_____ **Signature**:_____

☐ **YES, I would like to donate to the youth Scholarship program**. Amount: $1 $5 $10 Other_____

Credit Card #_____ MasterCard / Visa Security Code:_____ Expiration Date:_____
Name on Credit Card:_____ Address:_____ Zip:_____

OFFICE USE ONLY: Cash:_____ Check:_____ Amount Paid: _____ Date Paid:_____ Receipt #:_____