

*Bringing care and community together / Jumeler soins et collectivité*

## 30 Minute Mindfulness

### Registration Form

The WOCRC collects personal information to provide quality community, health and social services, as well as, during the course of various projects and activities. Any individual who provides personal information can expect the information to be carefully protected and used only for the purpose(s) for which it was collected. Any other use of an individual's personal information is subject to that individual's consent.

Date: \_\_\_\_\_

#### Thank you for providing the following information:

Name: \_\_\_\_\_

Date of birth (mm/dd/year): \_\_\_\_\_

(If younger than 12 years old, please have a parent or guardian register as well.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

May messages be left at this telephone number?      Yes      No

Email address: \_\_\_\_\_

Which classes do you plan to join?

\_\_\_\_\_ Tuesday at 9:00 am      \_\_\_\_\_ Thursday at 12:30 pm      \_\_\_\_\_ Both

Do you have any experience with mindfulness practices? (No experience is required.)

\_\_\_\_\_  
\_\_\_\_\_

Thank you for returning this form to [intake@wocrc.ca](mailto:intake@wocrc.ca).