

Bringing care and community together / Jumeler soins et collectivité

45 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?

_____ Tuesdays at 10:30 am _____ Thursdays at 3:00 pm _____ Both

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

Please return this form to intake@wocrc.ca. Thank you!