

16-week T'ai Chi Ch'uan 2019 classes

G-Form Fitness classes

Wednesdays:

January 16 to May 8 n/c 3/27

Beginners: 6:00-7:00pm Continuing 7:00-8:15pm

Enhancing Balance classes at Dreams Life & Wellness Center — NEW LOCATION

Wednesdays:

January 16 to May 8 n/c 3/27

Beginners: 9:00-10:00am Continuing 9:00-10:30 am

Free Try-it Dec 12, 2018 & Jan 16, 2019 9-9:30 am

G-FORM: FREE Tai Chi TRY-IT on Dec 12, Jan 16

Please come at 6:00 pm-6:30 pm

web site for more info: www.EnhancingBalance.com

Instructors pat@enhancingbalance.com

Pat Corrigan Culotti has been teaching T'ai Chi Ch'uan since 1981 and has been studying extensively with world renowned instructors since 1977. She has been formally certified by Michael Milewski of the T'ai Chi Ch'uan Center of Milwaukee, Grand Masters William C. C. Chen and Benjamin Lo.

Michael Culotti has practiced martial arts since 1975 and studied T'ai Chi since 1987. He is a graduate of the Midwest College of Oriental Medicine and is currently a Licensed, practicing Acupuncturist in West Allis and Waukesha.

class location

G-form Fitness Pilates Studio

On Bluemound Road just east of Barker 19700 W. Bluemound Rd, Brookfield

Dreams Life & Wellness center

Downtown Waukesha 732 Clinton St, Waukesha

registration fee

\$185.00 Form for 16 week session \$175.00 if paid one week in advance

make check payable to

Pat C. Culotti (a \$20 processing fee will be charged for returned checks) no refunds Sword is considered if enough interest (\$80)

| | name: |
|-------------------------|---|
| | address: |
| | city: |
| | Home/cell |
| | email: |
| | please circle: Sept. Wed. 6:00 pm B |
| Ē | Wednesday 9—10:00 a.m. Fundamentals C |
| 9 | General Liability Release—Informed C |
| ase fill out this form! | I desire to participate voluntarily in the T'ai Chi Ch'u participating in the T'ai Chi classes and hold harmle Center, G-Form fitness & Enhancing Balance and th losses, or related causes actions or damages, including from my injury or death, accidental or otherwise, duinstructional program. In signing this form, I affirm the described above. |

| name: | | |
|-----------|-----------|--|
| address: | | |
| city: | zip: | |
| Home/cell | work/cell | |
| email: | | |

Beginner **OR** Wed. 7:00 pm Correction **OR** Wednesday. 9:00—10:30 a.m. Yang form

onsent (Signature Required for Processing)

an Classes. I agree to assume the risk of ess the instructors, assistants, Dreams Life & Wellness eir Board of Directors from any and all claims, suits, ding but not limited to, such claims that may result uring or arising in any way from the T'ai Chi Ch'uan nat I have read this form and agree to the terms

signature:

if mailed, send by 5 days prior start to: **Enhancing Balance** W249 S6680 Center Dr. Waukesha, WI 53189