



# SEMINAR REQUEST FORM

## SEMINAR APPLICANT INFORMATION

Name of Center or School \_\_\_\_\_ Center Director or Requestor \_\_\_\_\_ Application Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## SEMINAR(S) AND DATE

Seminar Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Request the following seminar(s):

- 103 Posture Hand Form (3 Days)
- 49 Posture Hand Form (2 Days)
- 67 Posture Sword form (2 Days)
- 13 Posture Saber Form (1 Day)
- Push Hands Workshop (See Note)
- Instructor Training (See Note)

To be conducted on the following dates:

Begin:	End:
Begin:	End:
Begin:	End:
Begin:	End:
Begin:	End:
Begin:	End:

Note: The duration of a Push Hands and Instructor Training Workshop must be coordinated in advance with the international Association Secretary

I request a 2 hour theory session for the following date: \_\_\_\_\_

Remarks: \_\_\_\_\_

## INSTRUCTIONS

### Instructions for submitting this request:

This is an electronic form. Please complete the required fields and email to [fanghong@yangfamilytaichi.com](mailto:fanghong@yangfamilytaichi.com) or

Print and mail to the International Association  
International Yang Family Tai Chi Chuan Association  
PO Box 786, Bothell, WA 98041 USA

Ph: +1 (425) 869-1185 <http://www.yangfamilytaichi.com>



YANG FAMILY TAI CHI CHUAN