

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

PHONE: _____

EMAIL: _____

I hereby register obligatory for the following workshop, which takes place at MimeCenter Köln, Mohrenstrasse 8, 50670 Köln, Germany:

Workshop: _____

Date: _____ **Total Fee:** _____ €

Note: Please sent the registration form to:

MimeCenter OFFICE, N.Dahlke, Wachtelweg 1c, 50829 Köln, Germany.

The total fee is payable within 7 days to: Nicole Dahlke, Kreissparkasse Köln,

IBAN: DE54 3705 0299 0000 2976 19, BIC: COKSDE33

Terms and Conditions:

I hereby stipulate that I am physically sound to proceed with the instructions of the workshop. It is further agree that all exercises and lessons shall be undertaken at my own risk, and that MimeCenter Köln shall not be liable for any injuries, damages or claims to myself or my property arising out of, or connected with the use of service or facilities of MimeCenter Köln or the premises in which the same is located. MimeCenter Köln accepts no responsibilities of any kind for the mime and bodywork activities. I do hereby forever release and discharge MimeCenter Köln from all such cause of action.

() I have read and agree to the Terms and Conditions

X

Date and Signature

MimeCenter Köln

Ltg. Nicoletta Dahlke, Mohrenstrasse 8, 50670 Köln

Telefon 0221 / 788 25 01 * mobil 0170 / 48 38 034 * e-mail info@mimecenter.de

Bankverbindung: Nicole Dahlke, Kreissparkasse Köln, IBAN: DE54 3705 0299 0000 2976 19, BIC: COKSDE33