



Daomonk



Registration Form

All information will be treated confidentially and will not be passed on.

First Name:

Last Name:

Gender: Man Woman

Birthday:

Address: Strasse:

Zip Code:

Place:

Phone Number :

E- Mail:

Emergency contact:

Emergency contact Phone Number:

Preferred contact: E-Mail Phone SMS

Whatsapp Signal Telegram Threema

Preferred payment method: Bar Twint Überweisung

Preferred Training Days: Mo Tu We Th Fr Sa Su

Preferred training time:

How often do you have time per week?

Irregular 1x p. Week 2x p. Week 3x p. Week 3x < p. W

Preferred training location: Thörishaus- Flamatt

Berne - Marzili Bern- Steigerhubel schoolhouse

What are your goals:

Interests from the offer:

Qi Gong Taijiquan Xingyiquan Baguazhang Taiyizhang

Meditation Gong Fu Tea Philosophy Nutrition Ceremony

Life Counseling Mindfulness and awareness training Calligraphy

Personaltraining Staminatraining Strength training Iron Palm

China- training Training camp Tea- Hike Seminars Dao

Weapon Sword Staff Spear/ Lance Fan Archery

Others:

Health conditions or limitations that we should know about or that you would like to improve.