



Goodwin Studios
2001 S. Barrington Avenue Ste #115
Los Angeles, CA 90025
PH (310) 235-2100
info@goodwinstudiosllc.com
www.GOODWINSTUDIOSLLC.com

Registration Form

Name of Course: _____

Date of Course: _____

Home Studio: _____

Pre-Trainer/Master Trainer: _____

Level 1 Cert Update: N/A _____ or Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____

E-mail: _____

Please make all checks payable to “Goodwin Studios LLC” or call the studio with your credit card information. Please submit this form within 7 days of payment in order to finalize your registration.

I have paid with credit card or enclosed a check # _____ for my deposit of \$ _____ to reserve my place in the above course. I understand that all deposits are non-refundable & non-transferable. I understand that the balance is due on the first day of the course. I understand that the course may be cancelled due to lack of confirmed participants. I understand that photos, video, or recordings are not allowed. I understand that my signature below is required to hold my place in this course.

Signature: _____ Date: _____

Cancellation of courses is contingent upon confirmation of not less than 6 candidates in which deposits will be refunded. Please contact us if you have any questions.

COVID-19 Vaccination Record:

Date of 1st Dose COVID-19: _____

Date of 2nd Dose of COVID-19: _____

Other: _____