



Goodwin Studios  
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### 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 1<sup>st</sup> Dose COVID-19: \_\_\_\_\_  
Date of 2<sup>nd</sup> Dose of COVID-19: \_\_\_\_\_  
Other: \_\_\_\_\_

**\*Hosting Studio follows all government regulations regarding COVID-19 safety and reserves the right to implement additional guidelines if needed. For studio regulations and advice concerning COVID-19 and traveling, please contact the studio.**