

**PLEASE COMPLETE & RETURN VIA FAX (818) 762-8856 OR EMAIL TO: info@piloxing.com**

**PILOXING ACADEMY**

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Direct Line: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Contact Cell: \_\_\_\_\_

Possible Workshop Dates: \_\_\_\_\_

Workshop Time: \_\_\_\_\_

How many potential registrations do you have? \_\_\_\_\_ Room Capacity \_\_\_\_\_

Can you provide mats? \_\_\_ If yes, how many? \_\_\_\_\_ Parking? \_\_\_\_\_ If yes, how many spaces? \_\_\_\_\_

Nearby dining locations: \_\_\_\_\_

Closest Airport: \_\_\_\_\_

Airport Address: \_\_\_\_\_

Hotel nearby: \_\_\_\_\_

Hotel Telephone: \_\_\_\_\_

Hotel Address: \_\_\_\_\_

**I AGREE TO THE TERMS OF THIS AGREEMENT:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Facility: \_\_\_\_\_

Date: \_\_\_\_\_