PLEASE PRINT WORKSHOP REGISTRATION FORM

SOLAR RETURN WORKSHOP EXPERIENCE

◆ **LOS ANGELES** **June 20th- SATURDAY** - **NOON TO 8:30 PM Approx**

NAME_____

ADDRESS_____

CITY/STATE/ZIP_____

PHONE **DAY**_____**EVE**_____

DATE OF BIRTH_____
month **day** **year**

TIME OF BIRTH_____ **Circle** **AM** **PM**_____

CIRCLE SOURCE OF BIRTH TIME: BIRTH CERTIFICATE OR OTHER (Explain)

(Explain)_____

CITY and STATE OF BIRTH_____

Choose **ONE** **the BIRTHDAY closest to the Workshop**

A) **WHERE YOU WERE ON YOUR MOST RECENT BIRTHDAY**

City/State_____

OR

B) **WHERE YOU'LL BE ON YOUR UPCOMING BIRTHDAY**

City/State_____

E MAIL ADDRESS _____

SEND THIS FORM AND CHECK FOR $125 TO:
SIGNE QUINN TAFF, P.O. BOX 2457, SEDONA AZ. 86339

All applicants are advised and notified that Signe Quinn Taff will review the above application prior to acceptance. Ms. Taff and her staff reserve the right to reject applications for any basis deemed appropriate by Signe Quinn Taff alone. If the application is rejected, you will receive reimbursement for all checks attached to the application. If your application is accepted, the form will act as the registration and you will receive a confirmation from Signe Quinn Taff. No one will be allowed admittance without written acceptance and confirmation of the registration from Signe Quinn Taff.