



**AIS Northwest, LLC**  
**REGISTRATION**

Use this form to register for an Active Isolated Stretching class.

Name of Class you are registering for: \_\_\_\_\_

Date of Class you are registering for: \_\_\_\_\_

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

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

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

Phone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Massage Lic. No.: \_\_\_\_\_

Payment amount: \_\_\_\_\_

\*As you would like your name to appear on your certificate.

If you prefer to mail in your payment, make your check payable to **AIS Northwest**.

**Mailing address:** AIS Northwest, 960 Harris Avenue, Suite #207, Bellingham, WA 98225

*Admin Use Only*