

birth zone

20747 NE 112th St, Redmond, WA 98053 / (425) 868-4989 / liz@birthzone.com

class registration for series starting on: _____

Your name:	_____
City:	_____
Email address:	_____
Phone Number:	_____
Partner/Support Person:	_____
Relationship to you:	spouse \ partner \ doula \ mother \ friend \ other: _____
Midwife/Doctor:	_____
Planned Birth Location:	_____
Due Date:	_____

Height: _____ (Only needed if you think you may purchase a birth ball at the first class. I will use the information to ensure I have the right size balls in stock.)

How did you hear about **birth zone**? _____

Please enclose either \$100 deposit or \$200 tuition in full

Make checks payable to Birth Zone LLC, or send Paypal payment to liz@birthzone.com

To ensure a place in the class please send a deposit or payment in full. Any balance is payable at the first class.

Signed _____ Date _____

Please send your check with this form to:

**Birth Zone LLC
20747 NE 112th St
Redmond, WA 98053**

Below, please list any topics of special interest or concern you want to address in class: