

birth zone

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

registration for refresher class date: _____

| | |
|-------------------------|---|
| Your name: | _____ |
| City: | _____ |
| Email address: | _____ |
| Occupation: | _____ |
| Partner/Support Person: | _____ |
| Relationship to you: | spouse \ partner \ doula \ mother \ friend \ other: _____ |

Please list your phone numbers, starting with the one most likely to reach you on the day of class (just in case of last minute schedule changes):

| Type (cell, home, work) | Phone number |
|-------------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|----------------------------|-------|
| Midwife/Doctor: | _____ |
| Planned Birth Location: | _____ |
| Due Date: | _____ |
| Number of previous births: | _____ |

| | |
|---------------|---|
| 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 sign below and return this document with a check for \$25 payable to Birth Zone LLC, or send Paypal payment to liz@birthzone.com

Signed _____ Date _____

Please send your check with this form to:
Birth Zone LLC
20747 NE 112th St
Redmond, WA 98053

On the back of this form, please list any topics of special interest or concern you want to address in class.