

## Pan Gu Shengong Teaching Certificate Application Form

First Name:	Middle Name:	Last Name:
Age:	Sex:	Occupation:
Mailing Address:		Telephone1:
		Telephone2:
Email Address:		
Did you learn the Moving Form? <input type="checkbox"/> Yes. Date: _____ <input type="checkbox"/> No.	Did you learn the Non-moving Form? <input type="checkbox"/> Yes. Date: _____ <input type="checkbox"/> No.	Did you learn the Advanced Form? <input type="checkbox"/> Yes. Date: _____ <input type="checkbox"/> No.
Did you attend any Pan Gu Shengong instruction? When?		
The reason you want to be a Pan Gu Shengong teacher? (Attach an additional sheet if necessary.)		
Your comment about Pan Gu Shengong. (Attach an additional sheet if necessary.)		
Other Qigong or Martial Art you know:		
Do you agree that we publish your information in this form onto the sub-web-page, Pan Gu Shengong Teachers, in our website <a href="http://www.pangu.org">www.pangu.org</a> ? <input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but part of them. Please list: <input type="checkbox"/> No.		

Signature \_\_\_\_\_ Date \_\_\_\_\_