

# Foundation for Movement Intelligence

## Grandfather Teacher Application Form for Certified BFL Teacher Certificate

Name (as you wish it to appear on the certificate):

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Mailing Address:

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st. address

city/province

state

zip/postal code

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

<u>Completed Trainings</u>	<u>Date</u>	<u>Location</u>	<u>Trainer</u>
Basic Program:	_____		
Advanced Prog:	_____		
Didactic:	_____		

Please attach your signed Memorandum of Understanding Teacher Certification (revised December 2008).

If you are presently teaching BFL, please attach a list with dates, times and locations of your current classes/workshops.

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Signature

Date