

DYNAMO GYMNASTICS INC. | 650 JAMIESON PARKWAY UNIT #8 | CAMBRIDGE | ONTARIO | CANADA | N3C 0A5 PHONE: 519-658-4670 | FAX: 519-658-4672 | INFO@DYNAMOGYMNASTICS.CA

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DYNAMO FAMILY WELLNESS WORKSHOPS AGREEMENT

PRESENTER INFORMATION:			
Company / Group:			
			Email:
Presenter Name:		_ Title:	
Topic Description:			
PRESENTATION INFO:			
Workshop Date:		Time:	
Presentation Requirements/Requests:	·		
ABOUT DYNAMO FAMILY WELLNESS V	VORKSHOPS:		
Dynamo Gymnastics Inc. is offering to	serve as the host	venue for local o	community health-related groups, experts
and professionals who want to share timproved health and wellness for fam	-	•	ese sessions are designed to promote vell-being of our community as a whole.
IMPORTANT INFORMATION FOR PRES	ENTERS:		
• Information workshops must be o	ffered free of char	rge .	
 Presentations <u>must not involve so</u> (Information brochures and busine 			pressure to purchase goods/materials.
•	•	•	approved by Dynamo Gymnastics Inc.
Presenters must arrive a minimum		•	equate set-up time for workshops.
 Presentations must be limited to c 	me nour in iength		
I have read and understand the terms	of the Dynamo G	ymnastics Inc. Fa	mily Wellness Workshops agreement.

PRESENTING COMPANY/GROUP

DATE