

ONE FORM PER ATTENDEE

PLEASE PRINT

* One time Private Class

Student's Full Name	Date					
Parent's Full Name		Phone				
Mailing Address		City/State/Zip _				_
Email	Birth Date:					
How did you find out about us?	, 					_
Do you have any health problem	ns?					
	Learnin	g Objectives:				
O Self-Defense O Physical Training	O Weight control O Coordination	O Self –Discipline O Sport		O Recreation O Other:		
	PAYMEN	Γ INFORMATION				
Introductory Special						
		4 weeks of class	\$ 135.00			
* Sign up for 4 week class and get a		Free Uniform	0			
FREE Uniform (Values at \$ 65.00& up) * FREE A one- time \$25.00 Registration fee		Registration Fee	0	also s le		aash
* Class for 2 or 3 times a week		Total	\$135.00	check	or	cash

All directions and safety precautions MUST BE FOLLOWED in order to participate. In the event that they can not, parents will be contacted and will be expected to pick up promptly.

(check pay to mu sool won)

Signature	Emergency Phone
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