

Clemmons Family Martial Arts Trial Classes Registration Form

Please print then complete this form. You can bring the form to our training center during class times, or scan and email to info@clemmonsfamilymartialarts.com, or mail it to us at: Clemmons Family Martial Arts 6311 Stadium Drive, Suite H Clemmons, NC 27012.

Name of Student or Parent/Caregiver (if Minor)

_____ Male Female
First Name Last Name

Street Address, City, State, Zip Code

Student Birth Date

Mobile Phone

_____/_____/_____/_____/_____
Month Day Year Area Code Phone Number

Email Address: _____

Name of Students, Ages & Gender

Name of Student # 1 _____ Age ____ Male Female

Name of Student # 2 _____ Age ____ Male Female

Name of Student # 3 _____ Age ____ Male Female

of Students Registering For Trial Classes (Check One):

TAEKWONDO REGISTRATION

HAPKIDO REGISTRATION

- \$29.00 for one family member
- \$58.00 for two family members
- \$87.00 for three family members

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Please include your Name, Expiration Date, Credit/Debit Card Number, and Zip Code below.

Cardholder Name (as shown on card):

Type of Card

Credit Card/Debit Card Number

- Visa
- Mastercard
- Discover
- AmEX

Expiration Date

Security Code

____/____/____

By checking this box I affirm I have read and do agree to the terms and conditions of the Liability Waiver described at <http://bit.ly/2jUJ7pt>.

I authorize Clemmons Family Martial Arts to charge my credit card/debit card above \$ _____ for Trial Classes for new students.

Date

Signature of Adult Student or Parent/Caregiver (If Minor)