

FOOTHILLS I.D. # _____

_____ (Print Student's Name)

Chang Hon Kwan Taekwon-Do, LLC

Taekwon-Do Class at the Peak at West Meadows

INFORMATION SHEET

PLEASE PRINT NEATLY

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ CELL PHONE # _____

E:MAIL _____

PARENT'S E:MAIL _____

DATE OF BIRTH _____ DATE STARTED CLASSES _____

HAVE YOU HAD ANY PRIOR MARTIAL ARTS EXPERIENCE ?? _____

IF YES, PLEASE EXPLAIN _____

ADDITIONAL CONTACT INFORMATION

_____ 'S NAME _____ CELL PHONE # _____

_____ 'S NAME _____ CELL PHONE # _____

_____ 'S NAME _____ CELL PHONE # _____

_____ 'S NAME _____ CELL PHONE # _____