

APPLICATION FOR TRIAL PROGRAM

NAME (LAST) _____ (FIRST) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____
OCCUPATION _____ EDUCATION _____
SINGLE _____ MARRIED _____ DATE OF BIRTH ____/____/____ AGE _____
PRIOR MARTIAL ARTS EXPERIENCE _____
If applicant is a minor, parent or guardian's name _____
Employed by _____ Phone _____
E mail Address _____

WHAT MOTIVATED YOU TO COME IN TODAY? _____
Are you planning to move from the above address? _____
If yes, when? _____

If you are approved for this program, will you attend at least two classes a week? _____
How long have you been interested in taking TaeKwonDo? _____

Current athletic activities or hobbies _____
Do you have any health problems? _____

Our academic policy for a young student black belt is a *B* average or above. Can you maintain or achieve a *B* average or above for your black belt? Yes _____ No _____

What are your reasons for taking TaeKwonDo?

_____ Self Defense _____ Lose Weight _____ Self Confidence
_____ Self Discipline _____ Physical Conditioning _____ Concentration Problems
_____ Recreation _____ Attitude Problem _____ Other _____

How did you find out about our Program? _____ Penny Saver _____ Val Pak _____ Van _____ T.V
_____ Park & Rec Program _____ Sign _____ Newspaper _____ Yellow pages _____ Local Phone Book
_____ Coupon _____ Flyer _____ Member(Name _____)

Which of your friends would you like to invite for a trial lesson?
Friends name _____ Phone # _____

INTRODUCTORY TRIAL OFFER IS \$ _____ (non-refundable)
Applicant signature or co-applicant _____

DATE ____/____/____ to ____/____/____