



Twin Dragons Shaolin Kenpo

<http://www.twindragonz.com>

-Student Enrollment Form-

Student's Name: _____

Age: _____

Parents / Legal Guardians Name(s) (if under 18): _____

Address: _____

Home Phone: (_____) _____ - _____

Cell/Work Phone: (_____) _____ - _____

Medical conditions or behavioral needs that the instructors should be aware of?

(circle one) Yes / No If yes, please specify.

Prior Martial Arts Experience? (circle one) Yes / No If yes, please specify.

Signature: (Parents or Legal Guardians please sign for minors)

_____ Date: _____

Adults: \$70 non-member / \$60 member - Per Month

Children: \$60 non-member / \$50 member - Per Month

Rates cover 8 monthly classes and are due at the beginning of each month.