

\_\_\_\_\_  
(Print Student's Name)

# Chang Hon Kwan Taekwon-Do, LLC

Taekwon-Do Class at the Peak at West Meadows

INFORMATION SHEET  
PLEASE PRINT NEATLY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE STARTED CLASSES \_\_\_\_\_

HAVE YOU HAD ANY PRIOR MARTIAL ARTS EXPERIENCE ?? \_\_\_\_\_

IF YES, PLEASE EXPLAIN BELOW.

05/01/2017