

Kobushi Family Karate Center
Students Information Sheet

Date: _____

Please Print Clearly!

Students Name: _____

Birth date: _____

Present Address:

City: _____ State: _____ Zip: _____

Phone Number: () _____ Cell Number: () _____

Emergency Phone Number: () _____

Email Address: _____

Please list any disabilities that we should be aware of:

Parents Name: _____

Signature: _____

Office Use Only:

Free	Check One:	Check One:	
Trial []	Special Needs Days []	Web Site []	
	Special Needs []	Referral []	Name: _____
	Little Dragons []	Flyer []	
	Children's []	Newspaper []	\$ _____
	Jr. Adults []	Drive By []	
	Adults []	Certificate []	
	Cage Fitness []		

Payment Date: _____ Uniform Size: _____

Monthly Payment: \$ _____ Pay on line []

Uniform Package: \$ _____ Your Processing Company []

Total Due: \$ _____ Auto Credit Card # _____

Notes: _____
