

Hinode Dojo, LLC Registration Form

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Emergency Contact and Number: _____

Where/How did you learn about our school?

Flyer _____ Website _____ Referred by _____ Other _____

Parents: In your opinion, what issues are important for your child?

Please list your reasons/goals/interests in taking this class.

Please list any previous experience in martial arts/self-defense/yoga/dance/etc.

Adults must list two personal references with contact information.
