

Lake Region Budokan

Membership registration form

Rick Senger—Chief Instructor

Section A. – Personal Data:

Name: _____ Date of Birth: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

E-Mail Address: _____

Occupation: _____ Ht. _____ WT: _____ Eye color: _____ Hair color: _____

Employer: _____

If Student, School: _____

Section B.—Martial Arts Background

Name of Art: _____ Dojo: _____

Instructor: _____ Rank: _____

Length of time in training: _____ Martial Arts Organization: _____

How did you hear about us?: _____

Section C.—Priorities in Training

Please number in order of importance:

___ sport/competition ___ Conditioning ___ Self Discipline ___ Self Defense

___ Recreation ___ Increase Strength ___ Mental Control ___ Self Confidence

___ To Instruct ___ Physical Therapy ___ Curiosity ___ Other

Signature: _____ Date: _____

Signature of Parent or Guardian if under 18: _____