Last Name _____ First Name _____ Middle _____

Current Rank: P- 10 9 8 7 6 5 4 3 2 1 Dan 1 2 3 4 5 6 (cross out all ranks before your current rank) Gender: M F Birth Date _____

Address _____ (use full SCHOOL address)
(on campus- use 9 digit ZIP)

_____

_____

Phone (_____) _____

E-mail _____

Date of first Class ___/___/___

Office Use Only
Dues: F ☐ W ☐ S ☐ Liability form on file ☐

Attendance

Month / Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
September																															
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