

WALKERTON PARKS AND RECREATION DEPARTMENT

71636 Walkerton Tr. Walkerton, Indiana 46574 574-586-3638
Email walkertonparks@mchsi.com

Tang Soo Do
12 Week Session

Student Information

Name: _____

Mailing Address: _____

Phone: Home _____ Work: _____ Cell: _____

Email: _____

Age: _____ Birthdate: _____

Occupation: _____

Do you have any health issues that we should be aware of?

What positive changes would you like to achieve as a result of your training?

What are your goals for training?

Have you had other martial arts training?(style, years of training, rank, etc.)

REGISTRATION FEE \$50.00* Cash _____ Check # _____

*Registration fee is \$50.00 for the first family members and \$25.00 thereafter. Ex: family of three=\$50+\$25+\$25=\$100

