

Traditional Okinawan Karate, LLC
Holy Spirit School Registration Form
5 Wks – Oct. 5th – Nov. 2nd
3:15-4:15 pm in gym Gr. K-5

Student Name _____ **Home Phone** _____

Address _____ **Parent Cell** _____

City _____ **Zip** _____

DOB: ____/____/____ **Age** _____

Previous Experience _____

Email _____

**I understand the physical and athletic nature of
the activities involved and further understand that
all participation is at my own risk.**

Student

Parent or Guardian

Paid \$40 by Cash or Check (please circle)
Please send in your payment along with both sides
for the form completed and returned to school no
later than Friday, Sept.30th.
PLEASE MAKE CHECKS PAYABLE TO TOK