



You're Invited To Take Class with Me!

It would be great fun to have you
take my Kung fu class with me on:

October 27th at 4:30, 5:45 or 6:30pm

Please R.S.V.P. To: _____

At _____ By: Oct. 22nd

Be sure to wear comfortable clothes! We're gonna be movin' and havin' FUN!!

Lehigh Valley Martial Arts: 544 Jubilee St. Emmaus PA 18049 610 966-2234



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Application/Registration Form *****REQUIRED INFORMATION*****

Name: _____ Age: ___ D.O.B.: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

E-Mail Address: _____ LVMA Friend's Name: _____

Parent/Guardian: (Please Print): _____

Release

The student or legal guardian understands that such activity involves the potential for injury, which is inherent in Martial Arts activities. The undersigned student and/or legal guardian releases and agrees to hold Lehigh Valley Martial Arts, Inc., its principles and it's instructors not responsible for any claims for injuries before, during, and after training or traveling to and from Lehigh Valley Martial Arts, Inc.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

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