

Bu Ting Xi Kung Fu Academy

Training Application

Full Name _____ Phone No. _____

Address _____ Cell phone (optional): _____

City _____ State ____ Zip _____

Are you currently employed (circle one)? **Yes** **No**

How long have you been employed? _____

In case of cancellations, may we call you at work? **Yes** **No**

Work Phone: _____

Hours available: _____

Have you studied martial arts before (circle one)? **Yes** **No**

What art(s) have you studied? _____

How long have you studied them? _____

Under whom did you study? _____

Why do you want to study kung fu, or what are your goals? _____

How did you find out about our school (circle any that apply)?

Referral : _____ Promotional event : _____

Website _____ Other (please specify) : _____