ENROLLMENT FORM FOR NEW & CURRENT INSTRUCTORS

Name: _____ (first & last)

Home Location: _____ (where dues are paid)

Select One only: ☐ I request to be a **NEW** instructor

☐ I am an **EXISTING** instructor

My Instructor's Name(s) and class:

1. _____ (name & day of week)

2. _____ (name & day of week)

3. _____ (name & day of week)

Select One per column:

	Tai Chi	Lok Hup	Sabre	Sword	Hsing-I
I have learned	☐	☐	☐	☐	☐
I am learning	☐	☐	☐	☐	☐
I wish to learn	☐	☐	☐	☐	☐

----------Office Use----------

Registration Date: _____ Received By: _____

NEW Instructor Location: _____ Class: _____

Available:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
A.M.	☐	☐	☐	☐	☐	☐	☐
NOON	☐	☐	☐	☐	☐	☐	☐
P.M.	☐	☐	☐	☐	☐	☐	☐