



NAME: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Contact #'s: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency and parent cannot be reached, contact:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Registration Fees:**

**Per day: \$50**

Payment by:  CASH  CHEQUE (payable to "Champion Taekwondo Markham")

Visa  MC

# \_\_\_\_\_ exp. \_\_\_\_\_

CVC : \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_