

**Karate Do Shito-Kai Des Moines**

315 E 5<sup>th</sup> St. Lower Level  
Historic East Village. Downtown Des Moines, Iowa  
Phone: (515) 650-5510 Website: www.karatedsm.com  
Email: info@karatedsm.com



**Student Registration Form**

Student Name	M.I.	Student Last Name	
Guardian's First Name	M.I.	Guardian's Last Name	
Address Street	City	State	Zip Code
Primary Phone	Email		
Student's Date of Birth	Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Student's Height:	Student's Weight:		

**How did you hear about us?**

Facebook                       Google  
 Instagram                       Referral: \_\_\_\_\_  
 Flyer                               Other: \_\_\_\_\_

**Preferred method of billing**

Cash               Check               Credit               Online Invoice

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By signing below, I acknowledge that I have received, read, and understand the Code of Duty and Dress Code, and agree to abide by the rules and expectations set forth by Karate Do Shito-Kai Des Moines and the WSKF.

\_\_\_\_\_  
Student/Guardian Signature

\_\_\_\_\_  
Date