



Eastside
Martial Arts

Event Registration

Please complete all information and print legibly.

*Child Name: _____

Age: _____ Date Of Birth: ___/___/___ Male ___ Female ___

Child Name: _____

Age: _____ Date Of Birth: ___/___/___ Male ___ Female ___

Child Name: _____

Age: _____ Date Of Birth: ___/___/___ Male ___ Female ___

Child Name: _____

Age: _____ Date Of Birth: ___/___/___ Male ___ Female ___

*Email: _____

*Parent Name: _____

*Emergency Phone: _____

*Parent Name: _____

*Emergency Phone: _____

How did you first hear about this event?

Website App Facebook Word of Mouth (Name): _____

School Presentation Kids Out & About Other (Specify): _____

Health problems/allergies/special needs: _____

Please Sign Other Side