

PLEASE PRINT

BASIC SELF DEFENSE REGISTRATION FORM:

NAME _____ AGE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

AMOUNT DUE: _____ EMAIL ADDRESS: _____

METHOD OF PAYMENT:

CASH CHECK CREDIT CARD: MASTERCARD VISA DISCOVER

CREDIT CARD # _____ EXPIRATION DATE _____

PARENT SIGNATURE _____ DATE _____

(NOTE: Participants and/or Parents (if participant is under 18) must also sign a MEDICAL WAIVER RELEASE FORM.)
For your convenience, we accept MasterCard/Visa/Discover Card via Phone (330)699-8600 or Fax (330)699-3639 as well as Mail-In Registrations. For Additional Information, Please Visit our Website at: WWW.dalemcc.com

Mail Registration and Payment to: Dale McCutcheon's Martial Arts Academy
2835 Edison Street NW; Uniontown, OH 44685

EMAIL: BLESSDMC@AOL.COM

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