



Welcome!

Please fill out the following application in its entirety and return to the instructor; there is NO longer an application fee.

Please print. Please complete in entirety.

Name of Student			
Last	First		MI
Street Address			
Street	City	State	Zip
Mailing Address if different			
Home phone	Email address		
HeightWeight	HairDate of birth	Age	
Occupation, if applicable			
In case of emergency notify	Phone		

Please understand that if you or your child or ward is accepted into Little Tigers, there may be a short, sit-down interview with the instructor on the first day of class, previous to the beginning of training. All classes will be held at the New Carlisle Lion's Club or the adjacent park. We meet every Saturday Morning from 10:00AMish to 10:40AM ish (South Bend Time). Donations for dues (we are a Not-For-Profit organization) are \$20/month, payable at either the beginning of the month or at the first class. We have NO contracts, so students may simply pay month-to-month. Please fill in the remainder of the questionnaire and return to Sensei George Arndt as soon as possible at the address below or at any class at the New Carlisle Lion's Club.

George Arndt, PO Box 841, New Carlisle, IN 46552

phone: 574.968.3810 fax: 630.604.7184 email: snd@runawaysnail.com www.runawaysnail.com

Why do you or your child/ward want to join Little Tigers?

Will you complete, or will you child or ward complete any and all homework assignments that are given by the instructor?

Yes No

List any medical conditions, special needs, or disabilities that you or your child/ward may have and how they are being treated.

Do you have any questions? If so, please include them below or on a separate sheet of paper.