

Aikido Yuishinkai Sydney

Name:

Given name

Family name

Address:

Postcode

Phone:

Home

Work

Mobile

Email address:

Date of birth:

Do you have any health condition or injury we should know about?

Please briefly describe any previous martial arts experience you have.

How did you hear about our classes?

Sign outside dojo www.aikidoinsydney.com www.aikidoyuishinkai.com

Flyer in letterbox Community Colleges brochure Word of mouth

Other: _____

Would you like to be added to our Yahoo group, **AikiYuishinSyd**? (We use this to announce special events, schedule changes and other relevant information by email.)

Yes No