



## *Celis Taekwon-Do Academy*

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### REGISTRATION FORM

Current Date

FREE LESSONS WITH NO OBLIGATION - 15 DAYS TRIAL

Last Name:

First Name:

Initial:

Age:

Gender:

Address:

City:

Province:

Postal Code:

Phone No - Home:

Bus:

Cell:

Email:

**If your child or you have any medical problems, specify what problems may affect his/her/your free lessons:**