

BRING A BUDDY



Dear Parents:

Your child is cordially invited to attend a martial art class with their friend any day during the Buddy Week at Seo's Martial Arts. Please complete the information below and sign where indicated so your child may participate. Should you have any questions, feel free to call us at the location listed below and one of our staff members will be happy to speak with you!

Buddy Info

Name _____ Age _____ DOB _____
Address _____ City _____ Zip _____
Email _____ Phone _____ Cell _____

I, the undersigned, hereby grant permission for my child to participate in the special Buddy Week classes at Seo's Martial Arts.

I further agree that I shall hold Seo's Martial Arts and all Employees and Instructors, and/or agents of the above, harmless from any liabilities arising from instructions and/or participation in any activity on the premises owned or leased by any of the above. I also give permission to be added to the mailing list.

Mother's Name _____ Father's Name _____

Signature _____ Date _____

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Have you taken any martial arts before?

Would you like to know more about the Seo's Martial Arts program?

When would be the best time to contact you? _____ Morning _____ Afternoon _____ Evening

Who May We Thank For Bringing You?

SMA Student Name: _____ Rank: _____

ARVADA/WESTMINSTER
Headquarter School
(303) 431-2200

LITTLETON/LAKEWOOD
(303) 948-4466

THORNTON/NORTHGLENN
(303) 453-1200