



Sung's Black Belt Academy
 22640 Gregory Dr, Leonardtown MD 20650
 301-475-9525 | <http://www.blackbeltacademy.us>



Trial Program Application

Name and Contact Information:

 Last Name: First Name: _____

 Address: City: State: Zip Code: _____

 Email: Home or Mobile Phone: Emergency Contact: _____

Demographic Information:

 Age: Date of Birth: Gender: Marriage Status: _____

 Education: Martial Arts Experience? Prior Martial Arts Schools? _____

 Occupation Employed By Work Phone _____

1. What Motivated you to come in today? _____
2. Will you be moving from the above address? If yes, when? _____
3. If you are approved for this program, will you attend at least two classes a week? _____
4. How long have you been interested in taking Martial Arts? _____
5. Any Health Conditions we should know about? _____

*Our academic policy for a young student black belt is a *B* average or above. Can you maintain or achieve a *B* average or above for your black belt? **Yes** _____ **No** _____*

What are your reasons for taking Taekwondo?

Self Defense: _____	Lose Weight: _____	Self Confidence: _____
Self-Discipline: _____	Physical Conditioning: _____	Concentration Problems: _____
Recreation: _____	Attitude Problem: _____	Other: _____

How did you find out about our Program? (Website, Facebook, Mail, Phone Book, Value Pak, Van, Flyer, Penny Saver, Phone Book, Search Engine, Current Student, etc.):

Introductory Trial Cost: \$ _____ (Non-Refundable)

Applicants Signature (Or Parent/Guardian): _____

Trial is Valid Between: ____ / ____ / ____ **TO** ____ / ____ / ____