



**SAM SOLIS FITNESS STUDIO &**  
214-207-4644 / samsolis53@att.net



REGISTRATION FORM		
APPLICANT INFORMATION		
Name:		
Date of birth:		Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent <i>(Please circle)</i>	Monthly payment or rent:	How long?
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
CLASS ENROLLMENT		
CHECK BOX NEXT TO EACH CLASS YOU ARE ENROLLING INTO.		
National Karate Academy:	Boot Camp Training:	Other:
CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED		
Name	Name	
Name	Name	
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Signature of applicant:		Date:
Signature of spouse <i>(only if for a joint membership):</i>		Date: