

Atlanta School of Aikido

Concourse Athletic Club
8 Concourse Parkway
Atlanta, GA 30338

Date _____

Name _____

Address _____

City, State, Zip _____

Home Telephone _____ Work/Cell _____

Email _____

Member of the Concourse? Yes _____ No _____

Previous Martial Arts Experience:

Art: _____ Years _____

How did you hear about the class? _____

Would you like someone to contact you about joining the Concourse? _____

Please pay for class on the first of every month. Pay the hospitality desk downstairs by the massage area.

Write your name on the receipt.