

FREE CLASS PERMISSION SLIP:

(Please print clearly!)

Participant's Name: _____

Date of Birth: _____

Street Address: _____

Town, State, Zip: _____

Email Address: _____

I give permission for my child(ren) to participate in a martial arts lesson being presented by the instructors of Villari's Martial Arts.

Parent/Guardian Name if under 18 (print)

Signature _____ Date _____

www.klcdojos.com

STORRS CENTER LOCATION 1244 Storrs Road 860-487-9443

NORTH WINDHAM LOCATION 157 Boston Post Road 860-456-8020
