



AL-AZHAR SCHOOL OF  
**PENCAK SILAT MARTIAL ARTS**

va.al-azharsilat.org  
comments@al-azharsilat.org  
Toll Free: 1-800-280-5345  
Established in 1970

**2010 SIGN-UP FORM**

**Name of Student:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name of Parent (under 18):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Other Students' Names:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_

<b>TUITION</b> (✓ check one)	<b>One Kid</b>	<b>Two Kids</b>	<b>Three Kids</b>
One Year Contract*	\$79/m	\$150/m	\$215/m
Six Month Contract**	\$89/m	\$165/m	\$240/m
Month-to-Month Pay**	\$99/m	\$180/m	\$270/m

<b>OTHER ITEMS</b> (✓ check all that apply)		
<input type="checkbox"/>	Al-Azhar Silat Martial Arts Uniform	\$30
<input type="checkbox"/>	Sparring Hand-pads	\$30
<input type="checkbox"/>	Sparring Footpads	\$30
<input checked="" type="checkbox"/>	Stripe Tests (Every 2 months)	\$15

\*Automatic withdrawal from credit card or bank account only. Monthly payments cannot be terminated, skipped or postponed during the contract period.

\*\*For the six-month and month-to-month payment, we allow cash or checks for the full period (full 6 months or monthly)

**We require a credit card on file for all students:**

<b>CREDIT CARD INFO</b>		First Name:	Last Name:
CARD NUMBER:		Type: <b>MASTERCARD</b>   <b>VISA</b>   <b>AMEX</b>   <b>DISCOVER</b>	
Billing Address:			Expiration Date:
3 Digit Card Security Code:	City:	State:	Zip code:

*ADAMS Center, Abdul-Malik Ahmad, Terra Kurnia or any the instructors assume no liability for injury or damages arising from the result of participation in the program. Due to the strenuous nature of some of the activities we recommend consultation with the participant's physician concerning his/her fitness to participate. When signing below, you are confirming that the participant has no physical or other conditions that will interfere with the participation in this program.*

*By signing below you are agreeing to the payments above and allowing the appropriate fees to be debited from your account for the specific contract period according to your selections above.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (*if under 18*)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date