



Sung Ming Shu

Registration / Personal Information Page



Full Name: _____ Date: _____

Address: _____

Telephone Numbers Home: _____

Work: _____

Cell: _____

Email addresses: _____ / _____

Birthday: _____ Age: _____

Health Concerns No: _____ Yes: _____ (Explain Below)

Have you ever trained in the martial arts? No: _____ Yes: _____

If yes, what style(s) and rank(s) achieved: _____

How did you hear about Cuong Nhu / Sung Ming Shu? _____

Additional Information: _____

**Thank you for completing your registration and
good luck with your training!**

Please drop this form in the tray below the red dues box in the lobby.