

Park's Martial Arts Academy

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 1334 Clayton/Clarkson Center • Ellisville, MO 63011 • PH (636) 227-3332

Visitor (Evaluation Program)

Date _____

Student Name _____ Age _____

Address _____ City _____

State _____ Zip Code _____

Your Name _____

Occupation _____

Home Phone _____

Work Phone _____

Instructor use only. Date from: _____ to : _____			
Name	G	A	BA
Power			
Flexibility			
Balance			
Strength			
Coordination			
Self – Discipline			
Concentration			
Self – Confidence			
G: good A: average B.A: below			

Please mark the main reasons you are interested in Tae Kwon Do for Yourself or your child:

Physical Fitness Meditation Respect
 Self-Confidence Self-Control Sport Aspect
 Self-Discipline Weight Control Other
 Self-Defense Self-Awareness

How long have you been thinking about the Martial Arts? _____

Why did you wait until now? _____

Do you have any Martial Arts Experience? **Yes** **or** **No**
 If yes, please describe _____

If you are accepted, are you willing and able to go all the way to achieve the Black Belt? **Yes** **or** **No**
 If no, explain _____

Do you have to discuss your decision to enroll in Martial Arts with anyone else? **Yes** **or** **No**

How did you learn of the Park's Martial Arts Academy?

Newspaper Present Member Telephone Book Web-site
 Television Demonstration Drive by
 Coupon Flyer Birthday Party

Do you have plans to move out of the St. Louis area soon? **Yes** **or** **No**
 If yes, please explain _____