



Soto's Martial Arts 2010 Graduation Registration Form

Last Name: _____ First: _____ First: _____

Last Name: _____ First: _____ First: _____

My Current Belt Rank (s) _____

Check off the proper box if you are not graduating for a new belt or rank.

- I am attending graduation for a blue tip [*Juniors on 4 month/32 lesson cycle*]
- I am attending graduation for a white tip [*Under black belt non qualified students*]
- I am attending to support my fellow karate classmates
- I am graduating for my belt towards the BBT class.

*Remember to be in uniform no matter which box you check off above.

Date: _____ Phone: _____

[Office use only] Check# _____ Cash _____ CC _____ Exp _____

Adult Student or Parent Signature: _____

*Hand this form with your payment (if required) 30 days prior to graduation with your attendance card collection



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