

GARDENA JUDO CLUB NOVICE CLASS WAITING LIST

Parent/Guardian Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work/Cell: _____

Email address: _____

Referred by: _____

Date: _____

Child 1:

Name: _____ Sex: _____

Date of birth: _____ Current age: _____

Child 2:

Name: _____ Sex: _____

Date of birth: _____ Current age: _____

Child 3:

Name: _____ Sex: _____

Date of birth: _____ Current age: _____

GJC Use Only		
1 st Call	2 nd Call	3 rd Call

Please send to:
 Gardena Judo Club
 Attn: membership
 1964 W. 162nd St.
 Gardena, CA 90247
 tel: 310-324-6611