

Class Registration Form

Please select which class you will be attending:

Mother & Daughter Class

Mother's Name: _____

Daughter's Name: _____

Daughter's Name: _____

Daughter's Name: _____

Daughter's Name: _____

Women's Self Defense Class:

Attendee's Name: _____

Questions & Comments: _____

How Did you Hear about us: _____

If you wish to receive emails about special events and up coming classes:

Email: _____

www.pinkdiamonddefense.com