

Mr. Ma Ping Pong Club

Hillsborough Business Center
2 Ilene Court, Building 1 Suite 11
Hillsborough, NJ 08844

Ping Pong Registration Form

Please complete this form, sign and date it, and mail it to:

Mr. Ma Ping Pong Club

P.O. Box 3637

Cherry Hill, NJ 08034

► **Make checks payable to FASJ.**

For more information, call 856-424-5070, fax 856-424-5073, or visit www.fasj.com.

Name: _____

Age: _____ Date of Birth: _____ (if under 18)

Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

May we send information and notices to your e-mail address? Yes No

Parent or Guardian: _____ (Please print.)

Home Telephone: _____

Emergency Telephone: _____

Class Name: _____

New Student Fee \$ 50: _____ (See ping pong schedule on our Web site.)

Total Enclosed: \$ _____ (Make the check payable to **FASJ**.)

Ping pong is a physical activity. Do you have any medical conditions which would interfere with physical activity or ping pong? Please explain.

I release the Mr. Ma Ping Pong Club and its staff from any liability due to injury.

Signature (Parent or guardian if under 18)

Date

1. How did you find out about us? _____

2. What is it about ping pong that interests you? _____

3. How do you hope to benefit from playing ping pong? _____
