To: JKF Wado-Kai Central Technical Committee

Application for Seminar/Examination for Instructors

Membership No:			Branch Name:						
Name in Full:			Date of Birth			Age: () years		
Home Address:									
Zip/Postal code									
E-mail:		Mobile:		Tel:					
Employment									
Karate Experience:		Instructor Experience		Instru	ctor Expe	rience in			
() Years		() Years			your country: Yes. No				
Applica	т	Practical Dan-grade Acquired on: Presently holding: () Dan							
rippiicani		Instructor License () c			lass	N	lone		
Please enclose with a circle where applicable, or fill in or tick appropriately in the									
Below-written items.									
Technical Seminar for Instructors					Will join Will not join				
Date to	☐ February 3, 2024 9: 30~17:00 h								
Join	□ February 4, 2024 9:30~12:30 h								
Dan				Dan Registration No:					
Examination To take	3rd • 4th • 5th			Presently holding					
Instructor Examination to take	1 st , 2 nd , 3rd Class	Instructor licer		(Acquired) cla on:	ss			