
ANNUAL DOJO REGISTRATION

PLEASE NOTE THAT ONLY DOJOS THAT HAVE COMPLETED THIS FORM WILL BE REGISTERED AND WILL RECEIVE CORRESPONDENCE.

Name of dojo: _____

Dojo Head: _____

Instructor(s): _____

Physical Address: _____ Postal Address: _____

Contact Nrs: _____ Cell: _____

Email: _____

Approximate number of students:

Signature Date

All dojo Heads are required to register their dojos annually. No student can be affiliated until such time as the annual dojo registration form and fee have been received.

OFFICE USE ONLY:

Receipt No: _____ Date of receipt: _____

Dojo Registration Number: _____