



YIN YANG DO KARATE ASSOCIATION



SCHOOL REGISTRATION

TYPE OR PRINT ALL INFORMATION COMPLETELY AND ACCURATELY

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

SCHOOL SENSEI: _____

HIS / HER RANK: _____

TIME IN GRADE: _____

STYLE: _____

STYLE / YEARS TRAINING / RANK IN OTHER MARTIAL ARTS: _____

NAMES & RANKS OF OTHER INSTRUCTORS: _____

OTHER SCHOOL LOCATIONS: _____

NUMBER OF STUDENTS
(At This School):

TOTAL NUMBER OF
STUDENTS (All):

PERSON RECOMMENDING THIS SCHOOL, PLEASE COMPLETE THE FOLLOWING:

NAME: _____

SCHOOL #: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

THIS FORM WILL NOT BE PROCESSED WITHOUT THE PROPER REMITTANCE OR THE FOLLOWING SIGNATURES:

SENSEI: _____
STUDENT: _____

DATE: _____
DATE: _____

Please make remittance to:
Yin Yang Do Karate Association
P.O. Box 1671
Kenosha WI, 53141

Registration Fee:
Annual Dojo Dues....\$25.00