APPLICATION ISKF INSTRUCTOR TRAINEE INSTITUTE

photo

To: ISKF Instructor Trainee Institute

I wish to apply to the ISKF Instructor Trainee Institute as a **full-time/part-time** (circle one) trainee. (*Please complete both sides of this form.*)

1. Name							
	Last	Firs	st	Middle			
2. Date of Birth	/	_ 3. Ht	_ 4. Wt	5. Gender			
6. Home Address							
7. Phone H ()	V	V ()	Fax ()			
Cell ()							
8. Email							
9. Present Occupati	on						
10. Name of Karate	Club						
Region		Country_					
11. Karate History:	A. Date Karate S B. Name of first	tudy began YEAR karate club	MONTH				
	C. Chief instructor's name D. Present ISKF rankDan						
	a) Date of Co	nferral/_	/ N	Number			
12. Education:	A. Last school at	tended					
	B. Highest level attained (degrees earned, etc.)						

13. Health Record					
If you have any handicap and/or illness (physical and/or mental), please specify.					
14. Requested Train	ning Site (full-time trainees only)				
	A. PHILADELPHIA, PENNSYLVANIA	()		
	B. DENVER, COLORADO	()		
THE INFORMAT	ION ON THIS APPLICATION IS TRUE	TO T	THE BEST OF MY		
KNOWLEDGE.					
Date/	/ Signature				
	1) passport-size photograph and initiation fe e in the form of check or money order paya				
remit payment by cr	edit card. We accept VISA, Mastercard and	Disc	over.		
Credit Card #		_Ex	piration date		
Trainee Tuition (pa	art-time only)				
	1. Initiation Fee: US\$100.00				
	2. Annual Dues: US\$80.00				
	3. Class Fee (per trainee session): US\$20	.00			
	4. Exam Fee (for graduation): US\$40.00	per e	exam		
Camp. Judging cre	er and Judge examinations are administere edentials may be obtained and updated during and Examiner credentials may be obtained the requirements.	ng a	ny period of the Trainee		
	inee Institute official handbook of requification with required fees. The .00.		*		
	this line. Official use only. **************	****	*******		
	Initiation fee amount paid: Yea				
Received by:	Card issued: (Y/N) D	ate iss	sued:		