

(This part to be completed by the student)

Application Form For Shodan

Applicant's Name: _____ Phone # : _____

Address: _____ P.C. _____

Date: _____ Sex: _____ Passbook # : _____

Age: _____ Date of Birth: _____ E-mail address _____

Present Rank: _____ Club: _____ Instructor: _____

Date of Enrolment: _____ Date of Last Grading: _____

Previous Style Studied: _____

Disabilities: _____

What benefits have you achieved through Wado-Kai Karate?

(This part to be completed by the Instructor)

Instructor's Name: _____ Phone # : _____

Club Name and Location: _____

Present Rank: _____ Date of Last Grading: _____

Your Sensei: _____ Teaching Certificate # : _____

Does your student have any disabilities? _____

Why are you recommending this student for advancement? _____

What do you feel this student has to offer to this organization? _____

(Application form must be completed and sent to the President no less than 1 months prior to any grading in order to be approved.)

(This part to be completed by the student)

Application Form For

(Nidan, Sandan or Yodan)

Applicant's Name: _____ Phone # : _____

Address: _____ P.C. _____

Date: _____ Sex: _____ Passbook # : _____

Age: _____ Date of Birth: _____ E-mail address _____

Present Rank: _____ Club: _____ Instructor: _____

Date of Enrolment: _____ Date of Last Grading: _____

Previous Style Studied: _____

Disabilities: _____

What have you accomplished since your last grading?

How many Tournaments have you participated in on an average per year? (As a competitor or a judge)

(This part to be completed by the Instructor)

Instructor's Name: _____ Phone # : _____

Club Name and Location: _____

Present Rank: _____ Date of Last Grading: _____

Your Sensei: _____ Teaching Certificate # : _____

Does your student have any disabilities? _____

Why are you recommending this student for advancement? _____

What do you feel this student has to offer to this organization? _____

(Application form must be completed and sent to the President no less than 1 months prior to any grading in order to be approved.)

(This part to be completed by the student)

Application Form For Godan

Applicant's Name: _____ Phone # : _____

Address: _____ P.C. _____

Date: _____ Sex: _____ Passbook # : _____

Age: _____ Date of Birth: _____ E-mail address _____

Present Rank: _____ Club: _____ Instructor: _____

Date of Enrolment: _____ Date of Last Grading: _____

Previous Style Studied: _____

Disabilities: _____

What have you accomplished since your last grading? _____

How many tournaments have you participated in on an average year?(As a competitor or a judge) _____

What are your future goals with the Shintani Wado-Kai Karate Federation? _____

(This part to be completed by the Instructor)

Instructor's Name: _____ Phone # : _____

Club Name and Location: _____

Present Rank: _____ Date of Last Grading: _____

Your Sensei: _____ Teaching Certificate # : _____

Does your student have any disabilities? _____

Why are you recommending this student for advancement? _____

What do you feel this student has to offer to this organization? _____

(Application form must be completed and sent to the President no less than 1 month prior to any grading in order to be approved.)