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SHITO-RYU SCHOOL OF KARATE

P.O. BOX 1904, SAFAT 13020, KUWAIT

E-mail: premkarate@hotmail.com, Mobile: 66879670

APPLICATION FORM

NAME:					
DATE OF BIRTH:CIV	/IL ID :				
NATIONALITY: SEX	X: MALE / FEMALE:				
FATHER'S NAME :					
MOTHER'S NAME :					
ADDRESS:					
IF STUDENT KARATE, STYLE / PRESENT GRADE :					
ANY MEDICAL PROBLEMS :					
SCHOOL/JOB:					
TELEPHONE:M	OBILE:				
E-MAIL:					
DATE OF JOINING:					

Chief instructor Shito - Riyu Karate-do KUWAIT



	would like to	o apply for
admission in your school and undertake to al the school.	oide by the rules and reg	ulations of
Signature of the applicant		
Date:		
I have no objection of my son/daughter/myself responsible for any accident that my happen to of his / her negligence. I hereby declare to accompany the second seco	o him/her/myself within th	ne school as a result
Signatrue		
parent/guardian (Under 18 Years)	Date :	