
 <p><b>ENGLISH KARATE FEDERATION</b></p>	<p><b>KOSHIKI WADO-RYU LICENSE APPLICATION.</b></p>		
CLUB:	SHREWSBURY KARATE CLUB		
NAME:		DATE OF BIRTH:	
ADDRESS:			
POSTCODE:		ETHNICITY:	
DO YOU HAVE ANY DISABILITIES?  YES/NO  IF YES PLEASE GIVE DETAILS:			
HOME TELEPHONE NO:		MOBILE TEL NO:	
EMAIL ADDRESS:			
PASSPORT SIZED PHOTO ATTACHED?  YES/NO  FIRST APPLICATION ONLY:			
DECLARATION:	I Agree to abide by the spirit of Karate by being loyal and well mannered at all times and in particular when training or representing the KWR at events. I realize that my behaviour may result in my membership being terminated. I also realize that I require valid membership to participate. I confirm I do not know of any reason preventing me from physical activities of this nature (Explain any known condition overleaf). This will be treated in confidence.		
SIGNED STUDENT:		DATE:	
SIGNED RESPONSIBLE ADULT: (IF UNDER 18)		DATE:	
LICENSE NUMBER:	KWR	EXPIRY DATE:	
FIRST APPLICATION OR RENEWAL?			
Please ensure you accompany applications with a SAE of correct size & fee's. Additional fee's may be incurred for incorrect postage.			
Return to licensing officer: Frank Johnson, 13 Peace Drive, Shrewsbury, Shropshire, SY2 5NQ.			
Cheques payable to: Frank Johnson £37.00 all applicants.			