



UNITED STATES KARATE-DO KAI
P.O. Box 9188, Springfield, IL 62791



2024
SCHOOL REGISTRATION

TYPE OR PRINT ALL INFORMATION COMPLETELY AND ACCURATELY.... PLEASE FILL OUT ENTIRE FORM

SCHOOL NAME: _____

ADDRESS: _____ CITY _____

STATE: _____ ZIP: _____ PHONE: _____

SCHOOL SENSEI: _____ RANK: _____ TIME IN GRADE _____

WEBSITE AND/OR SOCIAL MEDIA PAGE(S) _____

STYLE (Other Martial Arts Taught At This School): _____

NAMES & RANKS OF OTHER INSTRUCTORS:

OTHER SCHOOL LOCATIONS

NUMBER OF STUDENTS:
(At This School)

TOTAL NUMBER OF STUDENTS:
(All School)

PERSON RECOMMENDING THIS SCHOOL PLEASE COMPLETE THE FOLLOWING

NAME: _____ U.S.K.K. MEMBERSHIP #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

SENSEI: _____ DOJO #: _____ DATE: _____

MAKE REMITTANCE PAYABLE TO:
UNITED STATES KARATE-DO KAI
AND ATTACH THIS FORM

Registration Fee: Check One
 Dojo Certification (First Year)\$50.00
 Annual Dojo Renewal\$25.00
 Additional Schools (Per Location)\$ 5.00