



世界 伝統 武道 連盟

**Sekai Dento Budo Renmei
World Traditional Martial Arts Federation**

Directors Registration Form

FULL NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

HOME PHONE: _____ DATE STARTED MARTIAL ARTS: _____ TOTAL YEARS _____

PRESENT RANK(S) / STYLE(S) / (DATE): _____

EDUCATION: _____ WORK PHONE: _____

DOJO: _____ DOJO PHONE: _____

DOJO ADDRESS: _____

MARTIAL ARTS TAUGHT AT THE DOJO: _____

TOTAL NUMBER OF STUDENTS AT YOUR DOJO: _____ BLACK BELTS: _____

NUMBER OF YEARS DOJO IN OPERATION: _____ NUMBER OF YEARS AS THE CHIEF INSTUCTOR: _____

ORGANIZAIONS YOU ARE A MEMBER OF: _____

Fax Number: _____ Web Page: _____ Email: _____

IF MARRIED PLEASE FILL OUT THE FOLLOWING: SPOUSESNAME: _____

DATE MARRIED: _____

CHILDREN'S NAME _____ DATE OF BIRTH _____

SIGNATURE: _____ DATE: _____