



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



**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