



KARATE BC TEAM APPLICATION FORM

Last Name	First Name	Middle Name
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Address

City	Postal Code
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Dojo/Club Name: _____

Instructor Name: _____

KBC Membership # _____

I, _____ do hereby make application to
signature

participate in the BC Karate Team Selection Program.

Signature of parent or guardian: _____
(if participant is under 19 years of age)

Print name (of parent/guardian): _____

Date: Month _____ Day _____ Year _____

I have enclosed two passport-size photos (headshots)_____ I have enclosed \$_____