



Hayashi-ha Shitoryu
Karate-Do



MITSUYA-KAI
International



Kenshin Ryu
Kobu-Do

ENTRY FORM

Family Name: _____ Name: _____

Birth, date & place: _____

Address: _____

City: _____ Country(State): _____

Tel: _____ Fax: _____

Cell.(Mobile): _____ e-mail: _____

Profession: _____

Study Title(Qualification): _____

Foreign language: _____

Dojo's Name: _____

Address: _____ City: _____

Tel: _____ Fax: _____

Organization: _____ Head Master: _____

Karate;Degree(Dan): _____ Date: _____ Examiner: _____ Style: _____

Kobudo;Degree(Dan): _____ Date: _____ Examiner: _____ Style: _____

- Please send Copy of Degree (Dan-Diploma) via FAX: +39-091-455185 or e-mail: mitsuya@libero.it
- Picture, Only Face (Vertical) by digital camera , Please send via e-mail: mitsuya@libero.it

(Date)

(Signature)