

Hakko Denshin Ryu Student Information



Name:				
Address:				
City:	Province / State:		Postal Code:	
City.	Trovince / State.		i ostai couc.	
Country:				
Telephone No.		Cell No.		
Email Address:				
Occupation:				
Name of Dojo:				
Current Rank:				
Education:				
Have you ever trained in a martial art or self defense class? Briefly explain.				
How did you find out about this school?				
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Have you ever been arrested for a crime or drug offense?				
Do you have any disabilities which might affect your training? Briefly explain.				
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If accounted, how would you be an accept to the doin?				
If accepted, how would you be an asset to the dojo?				
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Applicant		Guardia	n (if applicant under 18)	
Michael J. LaMonica, Director USA D	ivision	Instruct	Instructor	