

USJF CLUB REGISTRATION & INSURANCE APPLICATION

FOR PERIOD SEPTEMBER 1, _____ THRU AUGUST 31, _____

Registered Last Year Application Date: _____ Yudanshakai: _____

Dojo Name: _____

Physical Address: _____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Voice Phone: () _____ FAX Phone: () _____

E-Mail Address: _____

| | | |
|--------------------|------------|------------|
| Practice Schedule: | Day / Time | Day / Time |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Head Instructor: _____

Address: _____

City, State, Zip: _____

Voice Phone: () _____

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| <p><i>Yudanshakai Registration Use Only</i></p> <p>USJF Fee: _____</p> <p>Yudanshakai Fee: _____</p> <p>Total Fees Received: _____</p> <p>Date Received: _____</p> |
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White - National Office • Yellow - Yudanshakai • Pink - Club