ISKF INSTRUCTOR TRAINEE INSTITUTE

Trainee Information Update

Please complete the information below and submit to your Regional Director.

Please print clearly.

Name_____

Home Address_____

City_____Province_____Postal Code_____

H Phone_____W Phone_____

Fax_____E-mail_____

Country_____Region_____

Date of Birth___/___/____ Gender_____Age_____
m day year

Present Occupation_____

Training Information:
Name of Karate Club_____

Qualifications (Rank) Information:

Dan _____Instructor _____Examiner _____Judge_____

Please have all trainees in your region complete this form and return to ISKF Headquarters so that we can better serve you and your Regions Trainees.