



INSTRUCTOR TRAINING PROGRAM APPLICATION

QUESTIONS? Write – robdeangelis@yahoo.com

AJKA- I Instructor Training Program

I wish to apply to the AJKA Instructor Training Program. My qualifications are as follows:

1. NAME: _____
Last First Middle

2. SEX: _____ 3. DATE OF BIRTH: _____

4. HOME ADDRESS: _____

5. TELEPHONE: _____ Email: _____

6. KARATE CLUB: _____ INSTRUCTOR: _____

7. PRESENT OCCUPATION: _____

8. KARATE HISTORY: A. Date Started Karate Study: _____
Month Year
B. Name of Karate Club: _____

C. Name of Instructor: _____

D. Present AJKA Rank: Dan: _____ Kyu: _____ Reg #: _____

9. EDUCATION: A. School Last Attended: _____

B. Degree Held: _____

10. HEALTH RECORD:
Specify if you have any handicap or illness: _____

THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Date Signature