



# COVINA KENDO DOJO

I have read and understand all the preceding information on membership fees, Dojo fee, equipment, Toban duties, fundraising, and agree with everything written.

\_\_\_\_\_  
Member's Name

\_\_\_\_\_  
Member's Signature

## **If you are under 18 years old**

\_\_\_\_\_  
Parent or Guardian's Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\* Please sign and return to the treasurer or secretary.