

Covina Kendo Dojo 2024 REGISTRATION FORM

DATE: _____ **New:** _____ **Renewal:** _____ **AUSKF ID#:** _____

PART 1: If there is change in info, please cross out and write the correct info next to it.

First Name: _____ Last Name: _____ Kanji (if any): _____

Date of Birth: _____ Height (ft. in.): _____ Weight (lbs): _____ Age: _____ Rank (if any): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Health Insurance: _____ Policy or Group #: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

PART 2:

If the above is a minor, please fill out the following information for the parent or guardian:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Relationship: _____

**2022 AUSKF/SCKF
renewal fees (subj to
chg w/o notice):**

17 & Under	18 & over; Full-Time Student	18 & over; NOT F/T Student
\$44	\$56	\$86
\$50 Initiation Fee (New Members)		

Please make checks out to: **Covina Kendo Dojo**