

# Registration

Dan Zan Ryu Instructor Development Program  
Weekend Intensive  
July 18, 2009

Mail & make check payable to:

Makoto Kai  
443 First Street  
Woodland, California 95695

PLEASE PRINT CLEARLY

NAME \_\_\_\_\_ Age \_\_\_\_\_

ADDRESS \_\_\_\_\_  
          number        street                            city                            zip

PHONE (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

“Please register me for the clinic, ‘Teaching AJJF Athletic Taping and Injury Management.’”

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

AJJF Rank \_\_\_\_\_

Dojo \_\_\_\_\_