



**SHI KON BUDO KAI
BUDO REGISTRATION
FORM**
SKBKRF0601

Issue Date:

SK Number: _____

Amount Enclosed: _____

Number of Registrations: _____

Number of Licence Books: _____

	First Name	Surname	Address	Post Code	Expiry Date Required	J/S	Dan Grade	OFFICE USE ONLY
								Licence Number
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Please Send This Registration form along with Payment to:

Registrations

Shi Kon Martial Arts Centre
The Old Chapel
Chatham Hill
Chatham
Kent
ME5 7BB

Return Address and Telephone Number.

Please make all cheques payable to: **Shi Kon Budo Kai**