

AINSLIE PARK KARATE CLUB



Application for Membership

Name :-	
Address :-	
Data Of Birdh	Consults to
Date Of Birth :-	Grade :-
Contact Phone Nos :-	
Medical conditions :-	
Parents / Guardian	
Signature if under-18:-	
For official use only	
Otantin u Data	
Starting Date :-	
Comments :-	