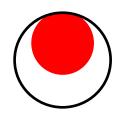
Woking Karate Club – Registration Form





A Licence booklet will be given on joining to register all grading and other achievements.

PLEASE PRINT CLEARLY

First Name:	Surname:					
Please indicate your Experience: Beginner?	Grade if not beginner:					
Address: Post Co		ode:				
Phone		No:				
Mobil		e No.				
	Date o	f Birth:	/	/	′	
Email: (CAPITAL LETTER PLEASE)						
Signature:						
(Parent/Guardian if under 18)		Date:				
I consent to being contacted by text/email with information related to membership and club events			Yes		No	

This information is only for Woking Karate Club use and will not be provided to any other third parties.

Email: w.k.c@hotmail.co.uk Website: www.littlewarriors.co.uk SRF 05/18