KARATE

American Amateur Karate Federation

NATIONAL TRADITIONAL KARATE GOVERNING BODY OF THE UNITED STATES NATIONAL OFFICE

Telephone: (888) 939-8882 Fax No: (888) 939-8555 E-Mail Address: office@aakf.org

TECHNICAL QUALIFICATION REGISTRATION/RENEWAL FORM

	gistration for: newal for:		
	COACH CLASS		ANKING EXAMINER CLASS
	KATA JUDGE CLASS _	K	UMITE JUDGE CLASS
	olicant Information		
Nam	ne:		
Sex:	: <u> </u>	Birth Date:	Style:
Mail	ling Address:	G	7'
City	·	State:	Zip:
			E-mail:
Clut	Name:		Region:
Jı C R	Ranking Examiner Class: _ hnical Qualification Semi Technical qualification	Reg.# Reg.# Reg.# Reg.# nar and Examinati	ion Information:
В.	List of Judges:		Date:
			<u> </u>
;		Signature of A	Applicant Fee Provided
OVED	. D. 7.		
OVED Nam		Signatura	Data
	ne:		Date:
	ne:	_ Signature	Date:
Nam	ne:	_ Signature	Date:
	ne:	_ Signature:	Date:
	ne:	_ Signature:	Date:
• Nam	ne:	_ Signature:	Date: