



柳心照智流 RYUSHIN SHOUCHI RYU

AFFILIATE DOJO APPLICATION

All schools wishing to become affiliated with the Ryushin Shouchi Ryu organization are required to complete an application form and submit it to the closest regional RSR representative. All applications will be reviewed and approved by the Honbu. Please type or print carefully. Application forms can be filled out and submitted online as well at ryushinshouchiryu.org

DOJO INFORMATION

DOJO NAME		DOJO WEBSITE	
ADDRESS		STATE	ZIP CODE
EMAIL		COUNTRY	
HEAD INSTRUCTOR(S)		PHONE	
NUMBER OF STUDENTS		DAYS OF PRACTICE	HOURS
REASON FOR REQUEST			

OTHER AREAS OF PRACTICE

SCHOOL OF PRACTICE		YEARS OF PRACTICE	
INSTRUCTOR(S)		RANK/TITLE(S)	
SCHOOL OF PRACTICE		YEARS OF PRACTICE	
INSTRUCTOR(S)		RANK/TITLE(S)	
SCHOOL OF PRACTICE		YEARS OF PRACTICE	
INSTRUCTOR(S)		RANK/TITLE(S)	
SCHOOL OF PRACTICE		YEARS OF PRACTICE	
INSTRUCTOR(S)		RANK/TITLE(S)	
SCHOOL OF PRACTICE		YEARS OF PRACTICE	
INSTRUCTOR(S)		RANK/TITLE(S)	

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge,

APPLICANTS SIGNATURE		DATE	
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OFFICIAL USE ONLY, PLEASE DO NOT WRITE IN THIS SECTION

SUBMITTED BY		DATE	
REVIEWED BY		DATE	