KIHON ACADEMY APPLICATION FORM

Eligibility: The requirements for inclusion in the Kihon Academy are:

			www.judoblackbelt.com to join. This is a (If no, you must join to enroll in
2-Minimum age of fourteen (14) years o	ld. What is your age?		Birth Date
Print Your Name (as you would want it t	o appear on a diploma	a)	
Mailing Address			
City	State	Zip Code	Country
Email Address (Print Clearly)			
Telephone	;	Judo Rank	
Conditions of acceptance in the Kihon Academy.			
he or she will make the study guide/test pages into Steve Scott at stevescpttjudo@yahoocom. If the stracceptable. Mail to Steve Scott, 8000 Jefferson Str	ling and study as well as co ignments is at the discretion a pdf or Microsoft Word (pudent wishes to mail complete, Kansas City, Missouri y guide/examination must be	ompletion of the Kihon n of Steve Scott. When odf is preferred) file an leted study guide/tests USA 64114. Each study	Academy workbook. No student is guaranteed in the student completes each of the four blocks of study, and include it as an email attachment and email it back to
2I attest to the fact that all work that part. If you have read and understood this condition			ct, my original work and is not plagiarized in full or in ial above by the number.
3The following text will be used in purchase the above-listed reference material and ur you have read and understood this condition and as	nderstand that I may have to	o use other reference n	naterial and resources to complete some assignments. If
	obtaining a CPR accreditati	ion as well as agree to	bove-listed membership fee for the Judo Black Belt pay for the above-listee required reference texts. <u>If you the number.</u>
	Date of Application		
Signature		Printed Name _	

Mail this completed application form with a check for \$25.00 payable to Steve Scott to; Steve Scott, 8000 Jefferson Street, Kansas City, Missouri USA 64114.