

WKF EAGLE CLUB APPLICATION



Applicant Information

Name of Applicant			
Home Address	City	State	Zip
Name of School	Grade	Year of Class	Remark
Current Rank	Date of current rank earned	Male or Female	Date of Birth
Phone number	Email address		
Are you associated with WKF Dojang(Dojo)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Member of WKF & AUSKF? Yes <input type="checkbox"/> No <input type="checkbox"/>	Kendo Start Date	Years of experience
If you are accepted, are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Weekly Practice Schedule

Day	Start	End	Day	Start	End

Recording

Name of Tournament	Name of Federation	Month	Year
Name of Tournament	Name of Federation	Month	Year
Name of Tournament	Name of Federation	Month	Year
Name of Tournament	Name of Federation	Month	Year
Monthly Joint Practice	Name of Dojang(Dojo)	Month	Year
Monthly Joint Practice	Name of Dojang(Dojo)	Month	Year
Monthly Joint Practice	Name of Dojang(Dojo)	Month	Year

Headmaster (관장)

Name of Dojang	Name of Headmaster	Signature
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Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my Dojang(Dojo) being terminated.

Name of Applicant (please print)	Applicant Signature
Date	
Name of Applicant Parent (please print)	Applicant Parent Signature
Date	

WKF Eagle Board of Review (WKF use only)

President	First Vice President	Vice President-Promotion
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