



BRUNEL UNIVERSITY KARATE TEAM APPLICATION FORM

NAME

STYLE / S:

RANK:

DOJO NAME

ASSOCIATION OR
NGB

INSURANCE:

HEIGHT

WEIGHT

YEARS TRAINING:

CONTACT NUMBER:

EMAIL ADDRESS:

NAME OF
INSTRUCTOR:

**PLEASE SUBMIT FORM TO KARATE MAIL BOX IN THE STUDENT UNION OR
BRING IT TO ONE OF THE TRAINING SESSIONS DURING THE WEEK.**

FOR ENQUIRIES PLEASE CALL – 07958 630 607.
OR EMAIL – karateteam@brunelkarate.com

