

EXAMINATION REGISTRATION FORM

Date: _____

EXAMINEE NAME: _____ Age: _____

HOME MAILING ADDRESS: STREET: _____
CITY, ZIP: _____

CLUB: (Circle one) RRKC / UNH / OTHER

CURRENT RANK: _____ LAST EXAM: _____ (P / F)

SKIF Annual fee PD?: (Yes / No) RENEWAL DATE: _____

EXAM FEE Pd?: (Yes (Cash/Ck# _____) / NO)

DUES PAID?: (Yes / No) INS PAID?: (Yes / No) # _____

E-MAIL ADDRESS: _____

If 3rd Kyu or higher, what Kata will you do? _____

RECEIPT

Received from _____

The Amount of _____ Dollars

Circle:	Examination Fee:	\$25.00 = \$ _____
	Insurance Payment	\$15.00 = \$ _____
	SKIF Dues:	\$15.00 = \$ _____
	RRSKC Training dues (month _____)	\$20/\$30 = \$ _____
	SKIF Passbook w/ stamp	\$12.00 = \$ _____
	Other: _____	\$ _____

Date: _____ **Signed** _____
