IKO Honbu International Elite "Uchi Deshi" Apprenticeship Program Application									
First Name									
Last Name									
Country									
Branch Chief									
Sensei, if different from B.C.						SDDINC	OO STIM		
Nationality						SPRING	19, 30 M	VIER U9,	FALL 09
Passport #									
Do you need a VISA to Japan?	Y	es	No				1) Select de	esired Term	
Date of Birth (DD/MM/YY)			•				,	te this Appli	cation
Age							-		
Height (cm)			Cm				· ·	oto (in Do-g	
Weight (kg)			Kg]		E-mail to: 09uchideshi@kyokushin.co.jp			
Current DAN/KYU									
I.K.O. Honbu DAN certificate #									
I.K.O. Honbu KYU certificate #	2nd Kyu	2nd Kyu # 1st kyu #							
Years of Training									
Home Address									
Telephone									
e-mail									
Emergency Contact									
Current OCCUPATION	Description	on]	Position How long?			
EMPLOYMENT History 1	Description					Position How long?			
Do you have TEACHING	Vec	No	If yes, for how	¥740					
EXPERIENCE in Kyokushin?	Yes		many years?	yrs.					
Do you have a HIGH SCHOOL	Vec	No	List other						
diploma?	Yes		school history.						
Do you have any	Var	No	If you aposify						
MEDICAL PROBLEM?	Yes	No	If yes, specify.						
Do you have MEDICAL INSURAN	CE that w	ill cover	treatment in Japan	n if necessary?			Yes	No	
TOURNAMENT History 1	Year	Year City		Tournament					Result
TOURNAMENT History 2	Year		City	Tournament					Result
TOURNAMENT History 3	Year		City	Tournament					Result
LANGUAGES spoken	1st			2nd	3rd				
List any SPECIAL SKILLS	1								
Ex: Black belt in Judo, etc.	2								
EX. DIACK OCH III JUUO, CIC.	3								

*IKO will not be liable for injury, sickness or even death that may occur as a result of participating in this program. WAIVER must be signed on arrival for entry to this program.