

Clinic Application Form

(Please Print Clearly)

A. Student Information:

Name:	
Address:	
Home Phone #:	Work Phone #:
FAX #:	e-mail:
Dojo:	Instructor:
Current Rank:	Experience (Year):

B. Clinic Schedule and Participating Activities:

Date	Time	Activity	Yes (√)
April 25 (Sat) Samford University Birmingham, AL	9:45 a.m. – 4:00 p.m.	Shinkendo Seminar	
	6:00 p.m.	Dinner with Kaiso Obata	
April 26 (Sun) Samford University Birmingham, AL	9:45 a.m. – 4:00 p.m.	Shinkendo Seminar Tameshigiri	

C. Clinic Fee:

Fixed Fee for two days seminar \$130

- Make your check payable to “Yumiko Matsuoka”