



日本連合の空手

Karate of Japan Federation

9244 Colerain Ave, Cincinnati, OH. 45251
Tel: (513) 385-4830 Fax: (513) 385-0573

Seminar Request Form

By: Organization: _____
Principal's Name: _____
Street: _____
City, State, Zip: _____ Country: _____
Phone: _____ Fax: _____

Date: From ___/___/___ to ___/___/___
Time: From _____ to _____ AM _____ Hours
From _____ to _____ PM _____ Hours
Total: _____ Hours

Number of Attendees: _____
Place of Seminar: _____
Street: _____
City, State, Zip: _____ Country: _____
Phone: _____ Fax: _____

Terms and conditions:

- Seminar Rate: US \$100 per hour
- Payment, in US Dollars, is due upon the completion of the seminar by the above organization
- All the expenses incurred by the Sensei (Transportation, Lodging, Meals, etc) is requesting organization's responsibility
- Cancellation is accepted only in writing up to 14 days prior to the scheduled seminar

We have read the above and comply with full knowledge of its terms and conditions.

(Organization Name)

Karate of Japan Federation

(Signature/Principal) (Date)

(Signature/ KOJF Instructor) (Date)

(Print Name)

(KOJF Instructor Print Name)