## **Application for Coach Level 1 Courses**



KAI SHIN KAI TRADITIONAL AIKIDO MEMBER OF THE BRITISH AIKIDO BOARD KSK Coach Liaison Officer

Martyn Tyas 20 Oxlip Leyes Bicester Oxon OX26 3ED

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## PLEASE WRITE CLEARLY WHEN FILLING IN THIS FORM

Title			
First Name			
Surname			
Address			
Postcode		Date of Birth	
Email Address			
Telephone			
Grade	Date Awarded		
Expiry Date of KSK Me	nbership		
Club Attended			
Name of Instructor			
Signature:		Date:	
Instructor's Signature:		Date:	

## Please visit the website to find out the current fees.

Enclose your cheque made payable to: "KAI SHIN KAI" and send to the above address

## For use by the KSK CLO:

KSK Membership No.	KSK Grade Checked	
BAB Licence No.	BAB Expiry Date	

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