AMERICAN GOJU KARATE SYSTEM
Black Belt Registration Form

Last Name: _____ First Name: _____
Print Print

Rank: _____ Date of Rank: _____ Issuing Official: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Fax #: _____ E-mail Address: _____

Personal Information

Date of Birth: _____

Current Employment and/or Primary Occupation: _____

_____

Educational Background: _____ College: _____

Degrees (with year): _____

Karate History

Training Dojo: _____ Sensei: _____

Year Started Training: _____ Year Received Shodan: _____

Advanced Rank: _____ Date: _____ Certifying Official: _____

Current Dojo: _____ Sensei: _____

Additional Information: _____

_____

_____

_____

Return with: (1) Two Pictures (see newsletter). (2) Copy of most recent rank certificate. (3) A U.S. postal money order for twenty-five dollars ($25.00) made out to Albert Gotay, Inc.

Send to: Albert Gotay, 47 Fieldstone Drive, Syosset, New York 11791