



TKA

**Tournament Karate Association
Dojo Registration**



Dojo Name: _____

Head Instructor: _____ Rank: _____

Instructor's Mailing Address: _____

City: _____ State: _____ Zip: _____

Instructor's Phone: _____ Email: _____
(Include area code)

Dojo Style / System Taught: _____

Dojo Phone: _____ Dojo Address: _____
(Include area code)

Dojo City: _____ Dojo State: _____ Dojo Zip: _____

In completing and submitting this form for review, the applicant testifies to the accuracy of the information provided. If any of the provided information is inaccurate, forged, or falsified, the applicant acknowledges possible consequences including exclusion of membership. This organization and associated schools operate on the principles of camaraderie, community, fellowship, and karate ethics. We require that all joining members and schools act accordingly and conduct themselves in an acceptable manner for the benefit of all.

Head Instructor Signature: _____ Date: _____