

To : SKIF Headquarters TOKYO

AFFILIATED GROUP DETAILS

Name of Group	
Address (Dojo)	
Address (Mail)	
Chairman	[Last Name, Middle and given Name], Date of Birth (D/M/Y), Dan Reg. No.
Chief Instructor	[Last Name, Middle and given Name], Date of Birth (D/M/Y), Dan Reg. No.
Secretary	[Last Name, Middle and given Name], Date of Birth (D/M/Y), Dan Reg. No.
Telephone	
Facsimile	
E-Mail Address	
Web site	
Numbers of Dojo	
Numbers of Member	