



## Genbu-Kai Black Belts – Aged 60 and Over

Please provide the following – Please print clearly – Please add additional pages as needed

Please submit to Sensei Demura at your earliest convenience

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dojo: \_\_\_\_\_

Instructor: \_\_\_\_\_

Karate:            Date Started Training: \_\_\_\_\_            Rank: \_\_\_\_\_

Kobudo:            Date Started Training: \_\_\_\_\_            Rank: \_\_\_\_\_

Batto-Do:            Date Started Training: \_\_\_\_\_            Rank: \_\_\_\_\_

Favorite Kata: \_\_\_\_\_

Favorite Weapon: \_\_\_\_\_

Positions of Responsibility in Martial Arts Capacities – such as Instructor, Tournament Director, etc.:

\_\_\_\_\_

\_\_\_\_\_

Awards Achieved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Competition Medals Achieved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include a head shot  
photo, as large as possible  
for good scanning

