



神人武館ニユ-ヨ-ク支部道場
Shinjinbukan New York Shibu Dōjō

NEW STUDENT APPLICATION FORM

Applicant's Name: _____ Date: _____

e-mail: _____ Telephone: _____

All students interested in joining our Dōjō must complete all questions listed below. Only suitable candidates will be invited for an interview.

SUBMIT THIS FORM BY EMAIL TO: newyork_info@shinjinbukan.com

QUESTIONNAIRE:

1. Have you studied any martial arts? Yes ___ No ___ If yes, for how long and what level did you achieve?

2. Age: ___ Height: _____ Weight: _____

3. Are you in good health & physical condition? Yes ___ No ___

4. Do you have any injuries or medical conditions that could prevent you from training? Yes ___ No ___
If yes, please explain

5. Why do you want to study martial arts?

6. What is your profession?

7. Where do you live?

8. Do you have any questions regarding the content of our website www.shinjinbukan.com?
For reference, read the Q&A page: <http://www.shinjinbukan.com/questions.html>

9. Provide us your possible times to schedule a 10-minute phone interview. You will receive an e-mail confirmation. Our fees will only be discussed in person for those scheduled for an interview.

Time & date: