



# 2011 SCHOOL REGISTRATION FORM



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## TYPE OR PRINT ALL INFORMATION COMPLETELY...PLEASE FILL OUT ENTIRE FORM

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SCHOOL SENSEI: \_\_\_\_\_ RANK: \_\_\_\_\_ TIME IN GRADE: \_\_\_\_\_

SCHOOL WEB PAGE (If Any): \_\_\_\_\_

STYLE (Other Martial Arts Taught At This School): \_\_\_\_\_

NAME AND RANK OF OTHER INSTRUCTORS

OTHER SCHOOL LOCATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF STUDENTS:  
(At This Location)

TOTAL NUMBER OF STUDENTS:  
(All Location)

## PERSON RECOMENDING THIS SCHOOL..PLEASE COMPLETE THE FOLLOWING

NAME: \_\_\_\_\_ SCHOOL MEMBERSHIP #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## THIS FORM WILL NOT BE PROCESSED WITHOUT THE PROPER REMITTANCE OR THE FOLLOWING SIGNATURES

SENSEI: \_\_\_\_\_ SCHOOL #: \_\_\_\_\_ DATE: \_\_\_\_\_

MAKE REMITTANCE PAYABLE TO:  
ALLIANCE  
AND ATTACH THIS FORM

Registration Fees: Check One  
 School Certification (First Year)..... \$50.00  
 Annual School Renewal..... \$25.00  
 Additional Schools (Per Location).....\$25.00