



2010 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