



ALAN THILAK SHITORYU KARATE SCHOOLTM (C)

INSTRUCTOR REGISTRATION FORM

alanthilak.com · +91 94430 77768 · Est. 1980

Instructions: Complete this form in BLOCK LETTERS. Have it signed by your Senior Instructor and Chief Instructor before submission.

1. PERSONAL DETAILS

Full Name	Date of Birth	
Phone Number	Email Address	
Address		
City	State	PIN Code

2. KARATE DETAILS

Current Belt / Dan Grade	Years Training	Karate Style
Dojo Name	Dojo City / Region	
Role Applying For (Sempai / Sensei / Renshi / Hanshi)	Previous School (if any)	
Class Timings	Expected Number of Students	

Reason for Joining Alan Thilak Karate School International

3. REPORTING HIERARCHY

Director / HQ (Hanshi / HQ)	Chief Instructor (Renshi)
Senior Instructor (Sensei)	Region

4. APPLICANT DECLARATION

I declare that the information provided above is true and correct. I agree to abide by the rules and code of conduct of Alan Thilak Shitoryu Karate School International.

Date	Applicant Signature
------	---------------------

5. SENIOR INSTRUCTOR RECOMMENDATION (SENSEI)

SENIOR INSTRUCTOR (SENSEI)	
Senior Instructor Full Name	Designation / Title
Recommendation — I have verified the above applicant and recommend them for membership:	
Date	Signature

6. CHIEF INSTRUCTOR RECOMMENDATION (RENSHI)

CHIEF INSTRUCTOR (RENSHI)	
Chief Instructor Full Name	Designation / Title
Recommendation — I endorse this application and will register the details in the school database:	
Date	Signature

7. FOR HQ USE ONLY

ID Issued	Date Issued	Issued By