



Application Form

Place your photo
H 4cm x W 3cm
Your Face
Picture

Membership#

Date yr. /

Name					
DOB	Year	Month	Day	(age)	M · F
Current address Postal code					Phone
					Cellular Phone
Emergency Contact detail Postal code					Phone
					E-mail
Work				Occupation	
Registration date	Year	Month	Date	Course	
Experience in boxing	◆Beginner ◆Experience in Boxing for(Year)◆Boxing License ()				
Purpose for registering	◆Pro ◆Armature ◆Dieting · Health				
	◆Muscle training ◆etc()				
How do you Know about this gym?	◆friend◆Sign◆advertisements · Newspaper◆Internet◆Magazine · Free paper				
	◆TV ◆saw this gym when I passed by near ◆etc()				
written oath					
To 戸高秀樹 BOXING GYM STUDIO Bee ,					
On enrolling, I promise to obey your club' s rules and not to object to your staffs and your club even if accidents, injuries or other something abnormal occur.					
Year Month Day					
Signature					(E)
Parents or Legal guardian (Only when the applicant is under 18 years old)					
Name	Living Address postal code			Phone number	