



Application Form for Affiliation to BKK

Chairman: Liam Keaveney (6th Dan)

**58 Highfield Road,
Chelmsford, Essex, CM1 2NQ**

Telephone - 01245 256891

e mail: liam.keaveney@btinternet.com

Notes for Dojo Operator

Section A should be completed giving details of the Dojo Operator/Chief Instructor of the Dojo

Section B should be completed giving details of the Dojo/training nights etc.

Section C should be completed giving details of the Dojo Secretary

Section D should be completed giving details of ALL instructors of the Dojo.

Section E should be completed by the Dojo Operator/Chief Instructor of the Dojo.

IMPORTANT

As Affiliation form must be returned to Chairman, Liam Keaveney before **14th December 2016**
Failure to do so will result in your dojo NOT being insured.

In addition this may effect you and your dojo in other areas within the BKK.
If your dojo has not affiliated by the 14th December this **WILL** effect Club Gradings, National Gradings, Tournaments and other functions within the BKK.

if you have any difficulties or problems please contact the BKK Chairman immediately

BRITISH KARATE KYOKUSHINKAI CLUB AFFILIATION FORM 2011/2012

A DETAILS OF DOJO OPERATOR

NAME:

BKK LICENSE NO

HOME
ADDRESS

PHONE

E MAIL

MOBILE

FAX

First Aid Certificate Status (Date of Issue and Date of Expiry)

CRB Check - Please confirm if this has been provided YES. If no - please contact BKK Chairman

B DETAILS OF DOJO

NAME OF DOJO

DOJO
ADDRESS

TELEPHONE

WEB SITE

TRAINING NIGHTS
AND TIMES

APPROXIMATE NUMBER OF MEMBERS TRAINING

JUNIORS

SENIORS

AT TIME OF APPLICATION

ANY OTHER DOJO
ADDRESS

OWNER OF PREMISE
(PLEASE INDICATE)

COUNCIL / EDUCATION AUTHORITY / CHURCH/ SPORTS CENTRE / PRIVATE /OTHER**

** Please specify

C DETAILS OF CLUB SECRETARY

NAME:	<input type="text"/>	BKK LICENSE NUMBER	<input type="text"/>
HOME ADDRESS	<input type="text"/>		
TELEPHONE	<input type="text"/>	E MAIL	<input type="text"/>
FAX	<input type="text"/>	MOBILE	<input type="text"/>

D DETAILS OF ADDITIONAL INSTRUCTORS

NAME:	<input type="text"/>	BKK LICENSE NO	<input type="text"/>	GRADE	<input type="text"/>
NAME:	<input type="text"/>	BKK LICENSE NO	<input type="text"/>	GRADE	<input type="text"/>
NAME:	<input type="text"/>	BKK LICENSE NO	<input type="text"/>	GRADE	<input type="text"/>
NAME:	<input type="text"/>	BKK LICENSE NO	<input type="text"/>	GRADE	<input type="text"/>
NAME:	<input type="text"/>	BKK LICENSE NO	<input type="text"/>	GRADE	<input type="text"/>
NAME:	<input type="text"/>	BKK LICENSE NO	<input type="text"/>	GRADE	<input type="text"/>

PLEASE CONTINUE LIST ON SEPARATE SHEET IF NECESSARY

E DOJO OPERATORS DECLARATION

I (name) _____

on behalf of (dojo) _____

hereby apply for affiliation of the **BRITISH KARATE KYOKUSHINKAI** .

I enclose herewith a cheque in respect of the annual affiliation fee **£65.00**.

I agree and undertake, on behalf of the dojo and its members within the BKK, to respect, uphold and abide by the Rules, Regulations and Constitution of the BKK and will use my best endeavors to promote the BKK.

Signature _____

Date _____

POSITION
IN DOJO _____

OFFICIAL USE

DATE RECEIVED

FEE ENCLOSED

CERTIFICATE ISSUED

LK/2009/BKK AFFILIATION FORM