



インドの空手連盟

Indian Karate Do Federation

<mailto:info@indiankaratefederation.com>

Seminar Request Form

By: Organization: _____
Chief Instructor Name: _____
Street: _____
City, State, Zip: _____ Country: _____
Phone: _____ Email: _____

Date: From ___/___/___ to ___/___/___

Time:

Number of Attendees: _____

Place of Seminar: _____
Street: _____
City, State, Zip: _____ Country: _____
Phone: _____ Email: _____

Terms and conditions:

- Seminar Rate: _____ per hour
- Payment, in _____, is due upon the completion of the seminar by the above organization
- All the expenses incurred by the Sensei (Transportation, Lodging, Meals, etc) is requesting organization's responsibility
- Cancellation is accepted only in writing up to 14 days prior to the scheduled seminar

We have read the above and comply with full knowledge of its terms and conditions.

(Organization Name)

Indian do karate Federation

(Chief Instructor)

(Date)

(Signature/ IKDF Instructor)

(Date)

(Print Name)

(IKDF Instructor Print Name)