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**APPLICATION FORM**

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Name*(write above line)* Age - *if under 16 yrs**(write above line)*

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Address*(write above line)*

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Post Code*(write above line)* Tel No*(write above line)* E-Mail*(write above line)*

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Wado Academy Membership No*(write above line)* Expiry Date*(write above line)* Grade*(write above line)*

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Name of your Instructor*(write above line)* Club*(write above line)*

Please tick days attending: **☐** *Saturday* **☐** *Sunday* **☐** *Monday* **☐** *Tuesday* **☐** *Wednesday*

**Total Amount Due: £**

**PAYMENT OPTIONS** *(Tick the appropriate box)***:**

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| **☐** | ***IN ADVANCE*:** Payment to be made by Bank Transfer to: Wado-Ryu Karate-Do Academy Sort Code: 30-98-97 Account No: 78489663**Please email your application to:** **info@wadoacademy.com** |

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|  **☐**  | ***ON THE DOOR*:** by Cash (correct amount please) or by Cheque payable to: Wado-Ryu Karate-Do Academy**Please bring this completed application form with you on the day** |

Office Address: Wado Academy, PO Box 48, Torrington, North Devon, EX38 9AU Email: info@wadoacademy.com