

Dakota Karate Club - Registration Form

All students must complete a registration form at the beginning of EACH session.

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	Last Name			First Na	ame			Initial
ADDRESS:								
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	(204) Telephone No.			F-mail	E-mail Address			
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Date of Birth:		/			Eamal	۵	Date	
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Please make cheque payable to **DAKOTA KARATE CLUB**. (No post-dated cheques please)

Mail or drop off completed form(s) and payment to: Dakota Karate Club, c/o 67 Southwalk Bay, Winnipeg MB R2N 1M6 Dakota Karate Club - www.dakotakarate.ca - dakotakarateclub@shaw.ca