

JAPAN ARTS CENTRE
23/27 Jacobs Wells Rd, Clifton, Bristol BS8 1DS

MONTHLY PAYMENT APPLICATION FORM FOR
KARATE & AIKIDO

TITLE (please circle) Mr Mrs Miss Ms Other.....

FORENAME.....SURNAME.....

ADDRESS.....

POSTCODE.....E-MAIL.....

TELEPHONE NO(s).....D.O.B.....

MEDICAL HISTORY - Do you/your child suffer from any illness/allergy or have you recently been hospitalized? Y/N (if yes please state)

Are you taking any medications?.....Y/N (if yes please state)

If a parent is applying for this membership for his/her son/daughter, is there any additional information that you feel we should know? Y/N (if yes please state)

MONTH APPLYING FOR (PAYABLE 1ST MONTH PLEASE):.....

ADULT – 16 years and over

OPTION 1 (once a week/4 lessons	<input type="checkbox"/>	Rate £20.00 per month (Minimum Fee)
OPTION 2 (twice a week /9 lessons	<input type="checkbox"/>	Rate £35.00 per month
OPTION 3 (three times a week /over 10 lessons	<input type="checkbox"/>	Rate £40.00 per month

CHILD – 15 years and under

OPTION 1 (once a week/4 lessons	<input type="checkbox"/>	Rate £16.00 per month (Minimum Fee)
OPTION 2 (twice a week /9 lessons	<input type="checkbox"/>	Rate £25.00 per month
OPTION 3 (three times a week /over 10 lessons	<input type="checkbox"/>	Rate £30.00 per month

Surcharge if paid after 7th month Rate: £5.00

DECLARATION

I certify that to the best of my knowledge and belief the above details are correct and in the event of being accepted I undertake to abide by the constitution and by-laws of the Japan Arts Centre.

The Japan Arts Centre reserves the right to decline applications without giving reason.

(NO REFUND OR CREDIT WILL BE GIVEN FOR MISSED LESSON'S)

Signature.....Date.....

Payment:

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