

TORA SHOTOKAN KARATE ASSOCIATION



REGISTRATION FOR TSKA REFEREE/JUDGE/COACH EXAM

NAME: _____

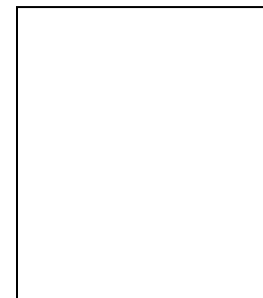
STATE: _____ SEX: _____ AGE: _____

ADDRESS: _____

_____ PINCODE: _____

PHONE: _____ E-MAIL: _____

DAN: _____ STYLE: _____



APPLYING FOR

KATA : Judge-B

Judge-A

KUMITE : Judge-B

Judge-A

Referee-B

Referee-A

COACH LICENSE :

ONLY FOR SEMINAR :

(Please put 'X' in appropriate box)

SIGNATURE OF PARTICIPANT.

FOR OFFICE USE ONLY

General Secretary of TSKA

National Chief Of TSKA

Chief Instructor Of TSKA