

Coaching **Refresher Course** Application



KAI SHIN KAI
TRADITIONAL
AIKIDO
MEMBER
OF
THE
BRITISH
AIKIDO
BOARD

KSK Coach Liaison Officer
Martyn Tyas
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PLEASE WRITE CLEARLY WHEN FILLING IN THIS FORM

Title			
First Name			
Surname			
Address			
Postcode		Date of Birth	
CL1 Cert Number		Date of CL1 award	
Email Address			
Telephone No			
Grade		Date Awarded	
Expiry Date of KSK Membership			
Club Attended			
Name of Instructor			
Signature:		Date:	
Instructor's Signature If different from above		Date:	

Please note this course is free of charge as it is subsidised by the KSK

For use by the KSK CLO:

KSK Membership No.		KSK Grade Checked	
BAB Licence No.		BAB Expiry Date	