



APPLICATION FORM

DATE: yy mm dd

CLASS

TENNIS/	FUTSAL/	SPEED/
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DAY

MON/	TUE/	WED/	THU/	FRI/	SAT/	SUN/
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YOUR NAME

	M. F.	BIRTHDAY: yy mm dd	BLOOD: A. B. AB. O.
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YOUR HOUSE ADDRESS

CONTACT

TEL:	MP:	EMAIL:	LINE:
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TRANSPORTATION

BUS SERVICE/	YES	NO THANKS
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FEEES

ENTRANCE FEE:	ANNUAL FEE:
MONTHLY FEE:	OTHERS

A WRITTEN OATH

<p>1: Since there is no difference in above contents, follow the rules of your academy(at the time of using the academy)</p> <p>1: Based on the rules, we will not challenge you to manage dues.</p> <p>1: If we fail to file a notification in accordance with the terms, we will pay the membership fee regardless of presence or absence of attendance.o</p> <p>1: We will not file objections regarding non refund of dues once paid.</p> <p>1: I am a healthy body that can take lessons at your academy, and health management during the lesson is attribute to myself. Signature:</p> <p>#Please see the attached sheet for the terms (for use of the academy)</p> <p>Parent acceptance column (in the case of 18years old or younger)</p> <p>The above person joins your academy and follows the rules.</p>
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Parent's name and sign: _____ Relationship: _____

INFORMATION COLUMN

kindly answer following questionnaires

<HOW DID YOU KNOW OUR ACADEMY?>

by

(WEB SITE) (FB) (INSTAGRAM) (SNS) (NEWS PAPER) (FREE PAPER) (FRIENDS).

(OTHERS) _____

<HOW DID YOU FEEL ABOUT BELLOW QUESTIONNAIRES, TODAY?>

LOCATION?

1very good	2good	3fair	4not so	5poor
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ACCESS?

1very good	2good	3fair	4not so	5poor
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FACILITIES?

1very good	2good	3fair	4not so	5poor
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HYGIENE?

1very good	2good	3fair	4not so	5poor
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STAFFS'S ATTENDANCE?

1very good	2good	3fair	4not so	5poor
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FEES?

1very good	2good	3fair	4not so	5poor
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LESSON TIME?

1very good	2good	3fair	4not so	5poor
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<ANY QUESTIONNAIRES THAT YOU LIKE TO ASK OR TALK WITH US>

(IF ANY)

Thank you very much your kind cooperation

Represented wingwin by _____