



NINE CIRCLES

Giri Dojo Loyalty Scheme

Giri Dojo Loyalty Scheme Application Form

Club Representative's Name _____

Organisation / Club Name _____

Representative's Address _____

House Number/Name and Street _____

Town _____

County _____

Post Code _____

Country _____

Governing Body (For example EKF) _____

Daytime Telephone number _____

Email _____

Web Site (If applicable) _____

Delivery Address (if different) Town _____

County _____

Post Code _____

Country _____

Martial Art Style(s) _____

Approximate group size _____

Approximately how many members
do you have in the following age
groups?

5 ~ 12	13 ~ 18	18+

I hereby declare that the information provided is true and correct. I have read and accept the terms and conditions of Nine Circles Ltd. and of the Giri Dojo Loyalty Scheme. As the club representative, I accept responsibility for the transactions of my club. Should any of the above details change I agree to inform Nine Circles as soon as possible.

Signed _____ Date _____

* Please send your completed application form back to us by post, fax or as a scanned email attachment with a copy of your Dojo insurance certificate.