

Okinawa Karate Kaikan Permission to Use Request Form

To: Okinawa Karate Kaikan
 Management Office Director

(Billing Party)	Group Name/Company	Signature
	Address	Postcode
	Representative	
	Person in charge	
	TEL	FAX
	Mobile	E-mail

I would like to use the facility as follows.

I agree to the usage guidance of this facility **Yes / No**

Event Name					
Description of Event					
Event Classification	Karate / Kobudo	Tournament / Seminar / Conference / Workshop / Lecture / Others()			
		Elementary and Junior High School Students / Adults / Over 65years old			
	Other Event	Conference / Seminar / Lecture / Exhibition / Concert / Event / Sales Others()			
Merchandise	Yes / No	Book / Gift / Goods / Box Lunch / Others()			
Admission Fee	Recuired / None	(Yen)	Enter the maximum amount if there is more than one amount (includes same-day ticket)		
Nmbor of Participants	from Okinawa Pref.	from outside of Okinawa	Overseas(No. of countries)	Total	
	People	People	People (countries)	People	
Publication	<input type="checkbox"/> agree to publisize : from Year Month Date				
	<input type="checkbox"/> disagree to publisize				
DOJO	Dojo 1	Year	Month	Date ()	: ~ :
	Dojo 2	Year	Month	Date ()	: ~ :
	Dojo 3	Year	Month	Date ()	: ~ :
	Dojo 4	Year	Month	Date ()	: ~ :
Training Room	Year	Month	Date ()	: ~ :	
Seminar Room A	Year	Month	Date ()	: ~ :	
Seminar Room B	Year	Month	Date ()	: ~ :	
Conference Room	Year	Month	Date ()	: ~ :	
Waiting Room A	Year	Month	Date ()	: ~ :	
Waiting Room B	Year	Month	Date ()	: ~ :	
Special Dojo	Year	Month	Date ()	: ~ :	
Front garden of Special Dojo	Year	Month	Date ()	: ~ :	
Outdoor Training Area	Year	Month	Date ()	: ~ :	

※Please submit the document each day of use.