第3号様式（第４条関係）

№

Year Month Date

Application for Filming/Still Photography Permit

To: Okinawa Karatekaikan
Management Office Director

Billing Party

Address

Postal Code

Group Name/Company

Representative

Person in Charge Signature

TEL Fax

Mobile

E-mail

I would like to apply as follows

1	Name of the Event	
2	Details of the Shooting	Please check Video( ) Photo( ) Personal or Internal Use( ) to create a DVD for sale( ) Broadcasting Programme( ) for Website( ) for Printed Matter( ) Others （ ）
3	Date	Year Month Date
4	Time	: ～ :
5	Room/Site to be used	
6	Number of Staff	
7	Note	1. Utmost care while shooting must be taken to avoid accidents. 2. Please follow the instructions of the staff. 3. The applicant is responsible for any damages and accidents incurred during the shooting. 4. Payment shold be made by the deadline.