

Aikido Research Federation
Venue Insurance Application / Renewal



*** Please note these fields are mandatory. Failure to fill them in correctly may result in your application form being returned to you.**

*Dojo Name

*Address.....

.....

*Post code.....

Contact Details.....

.....

New Application –

*Start Date.....

.....

Renewal -

*Current BAB Licence Number..... *Expiry date

.....

*Head Coach Name & Certificate Number.....

*Do you, *at any time*, teach students under the age of 18 years old? Yes / No

*If 'Yes' please provide your BAB CRB number.....

*Signature..... *Date.....

Please return the completed form to the ARF Licensing Officer/ Treasurer with
a self-addressed envelope.

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For ARF use only

Membership fee..... BAB fee.....

Membership number..... Membership due date.....