

WTSDA Region 9 Community Service Form

Date: _____

Name: _____ WTSDA Gup/Black Belt # _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____

Studio Name: _____

Instructor Name: _____

Description of community service:

Personal Responsibilities:

Community Service Supervisor Information:

Name: _____ Title/Position: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

Applicant's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Instructor's Signature: _____ Date: _____