Shintaido of America Assistant Application

Instructor Spor	nsorship (to be completed by Instr	ructor)
Instructor Name:		
Title:		
Region:		
I hereby recommo	end	to be a Shintaido of America Assistant.
	the applicant's progress and feel agree to act as the applicant's adv	that he/she is qualified to assume the role of visor during the term of his/her
Signature:		Date:
Applicant (to be	completed by applicant)	
Name:		
Address: (Street	/ City / St / Zip):	
Date of Birth:		
Years of Study: _		
Region: _		
Assistant, I will be		o of America. I understand that as an to my sponsoring Instructor for at least one the spirit of Shintaido.
Signature:		Date:

(Over)

Please explain briefly why you wish to become a Shintaido Assistant.			