

BORN TO FIGHT

THE PLACE OF POSITIVE VIBRATION

LEAVE PERMISSION LETTER

DATE:

TM

STUDENT'S NAME:

ISSHINRYU KARATE & KOBUDO

PARENTS NAME:

空手

PARENT'S CONTACT NO:

AGE:

BELT:

BATCH & BRANCH :

WHEN HE /SHE CAN JOIN AGAIN:

REASON FOR LEAVE PERMISSION:

STUDENT SIGNATURE:

PARENT'S SIGNATURE: