



South Florida Kendo Club



Instructor: Frank Nieves

Location:

Japan Cultural Center
South Florida Kendo Club
7360- 25B SW 24th Street
Miami, FL 33145

Schedule:

Wednesday: 7:30- 9:00pm
Saturday- 4:00- 5:30pm
Sunday- 10:00- 11:30am

Contact:

Tel: 305- 666- 9800
Email #1: miamidojo@aol.com
Email #2: info@budobusiness.com

WWW:

southfloridakendoclub.com
budobusiness.com



South Florida Kendo Club- Fee Schedule

South Florida Kendo Club Registration \$50
(Includes mandatory beginners uniform)

Individual Membership

Quarterly \$210
Annually \$840

Second Family Membership

Quarterly \$150
Annually \$600

Dual Martial Art Membership

Monthly \$120
Quarterly \$360
Annually \$1440

Federation Memberships

All United States Kendo Federation \$70

International Martial Arts Federation (Optional)

First Time Member \$100
Renewing Member \$70

Payment Methods

Checks/ Money Orders payable to Budo Business.

Paypal via Budobusiness.com.



South Florida Kendo Club- Equipment

Uniforms

White SFKC T- Shirt	\$15
White Judo/ Exercise Pants	\$25
Heavyweight Indigo Keikogi	\$50
Indigo Tetron Hakama	\$50
Shoaizome 10000 Hakama	\$125

Uniforms Made in Japan w/ SFKC Embroidery:

Single Layer Indigo Gi	\$125
Double Layer Indigo Gi	\$225
5000 Indigo Hakama	\$125
10000 Indigo Hakama	\$225

Shinai & Bokken

Practice Bamboo Shinai	\$25
White Oak Bokken	\$25
Red Oak Bokken	\$25
Red Oak Shoto	\$20
White Cotton Shinai Bag	\$25
Black Vinyl Shinai Bag	\$20

Bogu- Please ask for different equipment types and price quotes

Payment Methods

Checks/ Money Orders payable to Budo Business.

Paypal via Budobusiness.com.



South Florida Kendo Club- Equipment Order Form

Date: _____

Name: _____

Address: _____

Tel#1 _____

Tel#2 _____

Email: _____

Items/ Price

1) _____

2) _____

3) _____

4) _____

5) _____

Total: _____

Payment Methods

Checks/ Money Orders payable to Budo Business.

Paypal via Budobusiness.com.

South Florida Kendo Club

Japanese Cultural Center

7360- 25B SW 24th Street

Miami, FL 33155

Tel: (305) 666-9800

Member Information

Date: _____

Name: _____

Address:

Telephone: _____

Email: _____

Current Rank: _____

Years of Study: _____

Date of Birth (Optional): _____

Thank You

South Florida Kendo Club

Japanese Cultural Center
7360- 25B SW 24th Street
Miami, FL 33155
Tel: (305) 666-9800

Member Application Release Indemnity

Intending to be legally bound hereby and as a condition of membership in the JAPANESE CULTURAL CENTER, hereinafter referred to as CLUB do hereby release said CLUB, the members, instructors, and representatives thereof, from all claims, liabilities, obligations, cause of actions of demand that I or my administrators, executors, heirs or assigns may at any and all time hereafter have or obtain, due to or as a result of, any KENDO activity, physical or athletic activity, or physical instruction of sport conducted of, carried on by or for said CLUB, or in, either by itself or with others, or occurring while I am on any premises of property occupied or used by said CLUB.

I further intending to be legally bound hereby and as a condition of my membership do agree to indemnity and save harmless said CLUB, its members, instructors, and representatives from any act committed or omitted by me during or arising out of or as a result of any activity of exercise or sport carried on or participated in by said CLUB, by itself or with others, or occurring on any premises of property occupied or used by said CLUB.

I further release said CLUB, its members, instructors, and representatives from all claims for any property or valuable lost, mislaid, or stolen. I sign this fully realizing that my participation or engagement in the activities of said CLUB may subject me to personal injury or bodily harm. I further have read the foregoing and fully understand the contents of their release indemnity.

Education: _____ Marital Status: _____

Are you physically able to engage in strenuous athletic activity? _____

If not, explain: _____

Why do you wish to study KENDO? _____

Indicate other martial arts studied: _____

Last Name: _____ First Name: _____ M.I. _____ Sex: _____

Address: _____ City: _____ State, Zip: _____

Occupation: _____ Height: _____ Weight: _____

Home Tel: _____ Work Tel: _____

In Case of Minor

Applicant's Signature

Date