

# WTSDA Region 9 Community Service Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Association/Black Belt # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Studio Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

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: \_\_\_\_\_