

## ITA INSTITUTE

(Admissions and Records)
P.O. Box 281
Grand Blanc, MI 48480, USA
www.itatkd.com/ica.html



## ICA Knife Fighting Program Application For Admission

(Please Print or Type)

NAME (LAST):	FIRST:		INITIAL:	
ADDRESS (STREET):		CITY:		
STATE:	_ ZIP CODE:		COUNTI	RY:
DATE of BIRTH: MONTH:	DAY:	YEAR:	PHONE: (	)
E-MAIL ADDRESS:				
Tuition includes: ICA Knife Fighting DVD Videos (Levels 201, 202, and 203), ICA Membership Card, and Knife Fighting Program Guide outlining the requirements you are to perform for each of the three levels to complete the program. To enroll in the Program, submit the following:  1. Program Tuition Fee In Full \$195.00 (Payable in U.S. Funds). 2. (Countries other than U.S. \$225.00)  Tuition Fee must be <i>paid in full</i> when you submit this application. All Tuition and Fees are <i>non-refundable</i> . Submit payment in the form of a Money Order or Certified Check.				
Chec	k One:	Money Order	Certified Che	eck
Once admitted to the Program you may submit video(s) of yourself performing the requirements for each level when you are ready to test. Include the \$45.00 Examination Fee (Foreign Countries \$60.00 USD) each time you test for a level. All fees are non-refundable and subject to change. Fees must be in U.S. Funds made payable to ITA INSTITUTE. Mail all materials to:  ITA INSTITUTE  Attn: Director of Admissions and Records  Post Office Box 281  Grand Blanc, Michigan 48480, U.S.A.  I hereby apply for admission to the ICA Knife Fighting Program. I fully understand that there are no refunds for any tuition or fees. I certify that all information on this application and materials submitted are true and accurate to the best of my knowledge. I further certify that I am at least 18 years of age.				
Applicar	nt's Signature		I	Date