



Scarborough Dojo

Concession Form

173 Gildercliffe Street

Full Name: Date of Birth:

Address: postcode:

Phone:

Email:

Fees

Please complete this form along with the general membership form explaining your reasons for requesting concession to fee structure and amount you are willing to pay.

Once submitted to the treasurer, the senior membership team will apply an outcome and advise promptly

Full Name: Signature:

Parent/Guardian Signature (for students under 18 years of age):

Date: