

2014 Wadaiko Tokara Summer Kenshu Program
APPLICATION FORM
Deadline: March 5, 2014 (postmarked)

General Information

Full Name: _____
Last First Middle

Gender: Male Female Date of Birth: _____/_____/_____

Mailing Address: _____

City: _____ Province/State: _____ Postcode: _____

Telephone: _____ Email: _____

Taiko Experience:

Group/Teacher's Name	Length of Study	Location

Application Essay:

Please submit an essay (2 pages maximum) describing the role of taiko in your life, why you wish to study with Tokara and what you hope to learn from Tokara, as well as your plans for the future.

Certification:

I certify that the contents of this application are true and accurate. If selected for this training position, I am willing to commit myself fully to training and learning from Tokara, for at least one to two months upon my arrival.

Signature: _____ Date: _____

Please submit application and materials to:

Wadaiko Tokara Japan

3598 Misajiro, Matsuo, Iida City, Nagano Prefecture 395-0826, City Hyme B #202