KARATE & RELAX Winter Session 3/6 January 2020

 CLUB: E-Mail:

 COACH NAME: MOBILE PHONE:

 Number of Athletes: Number of Accompanying:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  **Family and First Name** | **Accompanying (ACC) or athlete** **Kumite (KU) or Kata (KA)** | **Date of Birth** | **BELT****GRADE** |  **T-SHIRT****size****S/M/L/XL/XXL** | **ROOM:** **SINGLE (S)****DOUBLE (D)****TRIPLE (T)****QUADRUPLE (Q)****MULTIPLE (M)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

The Person/Sensei in charge of the Sports Association/Club **Declares** that all partecipants to the seminar are regular members with a recognized institution of Karate under the World Karate Federation (WKF) or recognized associations for the year 2019/2020, have a health insurance and are in good standing with the medical certificate for sports activities.

  **Place and date: Stamp and Signature:**

Before to register ask for confirmation of availability by sending e-mail to: karaterelax@gmail.com once received confirmation you can register sending a copy of bank transfer of 50% of Total and the registration form filled to: karaterelax@gmail.com

Refundable penalties in case of sickness or acceptable reasons.:

a) 20% of the entire participation costs  by 30 days before the beginning of the event.

b) 30% of the entire participation costs from 29 to 21 days before the beginning of the event.

c) 40% of the entire participation costs from 20 to 11 days before the beginning of the event.

d) 50% of the entire participation costs from 10 days to the last day before the beginning of the event