

KARATE & RELAX

Summer Session 09/12 July 2020

CLUB:

E-Mail:

COACH NAME:

MOBILE PHONE:

Number of Athletes:

Number of Accompanying:

Check-in Date:

Departure date:

	FAMILY AND FIRST NAME	ACCOMPANYING OR ATHLETE (KUMITE OR KATA)	DATE OF BIRTH	GRADE BELT	T-SHIRT SIZE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Declaration that all participants are regular members with a recognized institution of Karate under the World Karate Federation (WKF) or recognized associations and are in good standing with the medical certificate for sports activities.

Before to register asking for confirmation of availability by sending e-mail to: valdesi@libero.it To confirm your registration send a copy of bank transfer of 50% of Total and registration form filled to: valdesi@libero.it

Place and date:

Stamp and Signature: