#### **kyokushin_kan copy.jpg Registration Form**

####

####  October 10 and 11, 2020

####

**Kyokushin-kan Karate**

**Autumn Clinic Rotterdam**

(One form per person)

|  |  |
| --- | --- |
| Name / Initials |       |
| Address |       |
| Area code |       | Town/country |       |
| Kyu- or Dan degree |       |
| Date of birth |       |
| Telephone  |       |
| E-mailaddress |       |

Please tick the applicable:

|  |
| --- |
| Prices include all consumptions/food, as stated in the programme. |
|  | Adults | Youth (u/i 10 years old) |
| I will join two days | € 55,- [ ]  |  € 35,-[ ]  |
| I will join one day: Saturday / Sunday\* | € 30,- [ ]  |  € 20,-[ ]  |
| I will join one daypart (dragons) |  | Saturday € 10,- [ ]  |
| I would like to take part in examinations (consult with Sensei or Shihan) |  [ ]  |  [ ]  |
| If you would like to receive a special edition T-shirt, please state your size (€ 5,- to be paid in the hall) | S, M, L, XL, XXL | Youth Length:  |

\* state the day

Remarks: (e.q. diets / special requests):

By signing this form you also give permission to publish the visual material (video/pictures) that you may be on, to be published on social media/websites, etc.

Date:

Signature: ……………………………………………….

Upon receipt of the registration form and payment on bank account number NL13INGB0000458014 i/n J. Scholten, Rotterdam, an email confirmation will follow.

Full payment: September 12 at the latest.

Payment for examinations can be done in the hall during the weekend.

Send or deliver the registration form to:

Jenny Scholten For information :

Harddraverstraat 47a See e-mailaddress and

3033 XJ Rotterdam Tel. 06-51123039 (Sensei Jenny Scholten)

e-mail: jenny.scholten@kpnmail.nl Tel. 06-48334855 (Shihan Vlado Haljer)