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

#### 

#### October 8 and 9, 2022

#### 

**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 | |  | |
| Emailaddress | |  | |

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) |  |  |
|  |  |  |

\* 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, 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 23 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 emailaddress and

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

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