

EUROPEAN CHAMPIONSHIP 2018

REGISTRATION FORM **FOR TATAMI SPORTS**

To send via e-mail to info@martialkombat.org

Event name **European Championship** Date and Location **C/mare del Golfo (Italy)**
May 12th/13th - 2018

Club Name _____ Instructor's Name _____

Address _____ City _____

Post Code _____ Country _____

Tel: _____ Fax: _____

Mobile _____ E – Mail _____

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Surname	Name

	Surname	Name	Cod. 1^ Cat.	Cod. Extra Categories				
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I declare the enrolled athletes have met the standards enforced by health and safety norms.

The undersigned, moreover, removes from every responsibility the organizers of the contest for eventual verifiable incidents before, during and after the same one.

The representative of the society
