

REGISTRATION
FORM XIX EUROPEAN GASSHUKU

HEAD OF DOJO NAME	
Surname:	
Name:	
Dojo Name:	
Address:	
Telephone:	
E-mail:	

PARTICIPANTS

	SURNAME	NAME	KYU / DAN	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL AMOUNT				