



REGISTRATION FORM INTERNATIONAL FRENCH SPRING SEMINAR

To be returned to

FKOK : 11, rue d'Allainville - Bois-le-Roi 28500 Vernouillet FRANCE

Country : _____

Phone: + _____ , eMail : _____@_____ . _____

Name	Surname	Remarks Rooms information (group, couple...)	Day and hour of arrival	Day and hour of departure	Sex/Age	KWF Passport Number	KWF Rank
1.			/ h	/ h	/		
2.			/ h	/ h	/		
3.			/ h	/ h	/		
4.			/ h	/ h	/		
5.			/ h	/ h	/		
6.			/ h	/ h	/		
7.			/ h	/ h	/		
8.			/ h	/ h	/		
9.			/ h	/ h	/		
10.			/ h	/ h	/		
11.			/ h	/ h	/		
12.			/ h	/ h	/		
13.			/ h	/ h	/		
14.			/ h	/ h	/		
15.			/ h	/ h	/		

Very important – Thank you to send back this form with all columns informed for each student, including day AND HOUR of arrival and departure

Payment = _____ x _____ students = _____ €

NB - Payment by PAYPAL for foreigners to account "kyokushin@orange.fr"

See details **and prices** on information form or website www.kyokushinkai-france.com

I did note the cancel reimbursement rules and I accept them.

SIGNATURE