



# KUMA KAI

## Registration Form 2019/2020

NAME :

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First Name :

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Date of Birth :

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Address :

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Phone Number :

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Email :

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Annual fee : 10 euros

Licence number :

- I join the Kuma Kai Association

Place : \_\_\_\_\_ Date : \_\_\_\_\_

Signature

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*KUMA KAI is a non profit association, organizing meetings, exchanges, seminars and classes on BUDO related topics.*

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Partners :



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SHIATSU