



Name and first name: .....

date of birth: .... / .... / 19 ...

Address: .....

Dojo, discipline, rank, function : .....

*I certify to be in order of insurance for the practice of the martial arts and make a commitment to respect the organizers instructions of the training course.*

- I opt for the "**free**" formula and shall pay, before 1/12/2009, 20 €for the training course + 20 €for the meal of Saturday evening (to cross out if not) at the account of Shudokan

- I opt for the formula "**tight budget**" and shall pay, before // 2009, 25 €at the account of Shudokan (*you would be warned immediately if there was not place anymore to accommodate in the Dojo*)

Signature of the participant

signature of the responsible relative for least than 18 years

Shudokan – Banque Dexia 063 – 9239224 – 09  
 IBAN : BE 52 0639 2392 2409 BIC : GKCCBEBB