

No.	/2023					
	Re	egistratio	n Form			
	Kumite Exam	Kata Ex			Photo	
First Name:	_					
Family Name	:					
Nationality:			Sex:		Age:	
Address:			DOB:	<i>D</i>	M	Y
_						
Tel:			Fax:			
Cellular:			E-mail:			
Dan:			Style:			
	Kumite License:				Officiatin	g
NO	Judge- B Jud	dge- A			Rene	wal
Kumite:	Judge- B Jud	dge- A	Referee- B	Refere	e- A Rene	wal
					akfsecretary@	_
					Official u	_
Name of National Federation President or General Secretary						US\$100
						US\$200
						US\$300
				<u> </u>		US\$400
Signature of N	lational Federation P	resident or Ge	eneral Secretary	D	ate:	