W.D.K.F.

APPLICATION
form for participation in “WDKF Competition”

Participant Country: Place: ……/////…..……, Date: ……

№	GENDER	NAME	SURNAME	DATE OF BIRTH	AGE	KYU/DAN	KATA		KIHON	KUMITE					EN-BU	FUKU-GO	COACH	MEDICAL PERMISSION
							IND	TEAM		KIHON KUMITE	IPPON KUMITE	JIU KUMITE	KOGO KUMTE	BUDOSAN				
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№	GENDER	NAME	SURNAME	DATE OF BIRTH	AGE	KYU/DAN	KATA		KIHON	KUMITE								
							IND	TEAM		KIHON KUMITE	IPPON KUMITE	JIU KUMITE	KOGO KUMTE	BUDOSAN	EN-BU	FUKU-GO	COACH	MEDICAL PERMISSION
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№	GENDER	NAME	SURNAME	DATE OF BIRTH	AGE	KYU/DAN	KATA		KIHON	KUMITE								
							IND	TEAM		KIHON KUMITE	IPPON KUMITE	JIU KUMITE	KOGO KUMTE	BUDOSAN	EN-BU	FUKU-GO	COACH	MEDICAL PERMISSION
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№	GENDER	NAME	SURNAME	DATE OF BIRTH	AGE	KYU/DAN	KATA		KIHON	KUMITE								
							IND	TEAM		KIHON KUMITE	IPPON KUMITE	JIU KUMITE	KOGO KUMTE	BUDOSAN	EN-BU	FUKU-GO	COACH	MEDICAL PERMISSION
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