



Europäische Organisation für Selbstverteidigung e.V. European Organisation for Self Defense e.V. - EOS e.V. -



Registration form for single person

First Name / Name: _____

Street, Nr. : _____

Postal Code, City: _____

Tel. / Fax / Email: _____

Birth date: _____

Club / Dojo: _____

I register herewith myself / my daughter / my son / _____ compulsory for the
21. Combination-Seminar of the European Organisation for Self Defense !!!

| | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> whole seminar* | Early <input type="checkbox"/> 110,- € | Normal <input type="checkbox"/> 120,- € | Late <input type="checkbox"/> 130,- € |
| <input type="checkbox"/> only Saturday* | Early <input type="checkbox"/> 70,- € | Normal <input type="checkbox"/> 80,- € | Late <input type="checkbox"/> 90,- € |
| <input type="checkbox"/> only Sunday | Early <input type="checkbox"/> 60,- € | Normal <input type="checkbox"/> 70,- € | Late <input type="checkbox"/> 80,- € |

Kinds of registrations:

Early: registration and payment must be done until 31.01.2019

Normal: registration and payment must be done until 22.04.2019

Late: registration and payment after 23.04.2019

With my signature I consent to all the rules in the registration form and I confirm that I performed the transfer of the seminar fee.

- I want to sleep at the dojo
 I want to participate the Saturday-BBQ (included in the 2-days or Saturday fee)*

Allergy / Vegetarian / No Pork:

Date. Signature

Signature of a parent/tutor

* Takes place if there are min. 10 BBQ-participants

| | | |
|---------------|---|---|
| Bank account: | Recipient: Account number: Bank: IBAN: Use: | Marcel Vanderschaeghe 14 50 10 351 Bank code number: 370 501 98 Sparkasse KölnBonn DE55 3705 0198 0145 0103 51 BIC: COLSDE33XXX 21. KombiSem 2019 + Name (IMPORTANT!!!) |
| PayPal: | marcel@vanderschaeghe.de | |