

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
25. Combination-Seminar of the European Organisation for Self Defense !!!

☐ whole seminar* Early ☐ 120,- € Normal ☐ 140,- € Late ☐ 170,- €

☐ only Saturday* Early ☐ 80,- € Normal ☐ 100,- € Late ☐ 130,- €

☐ only Sunday Early ☐ 70,- € Normal ☐ 90,- € Late ☐ 120,- €

Kinds of registrations:

Early: registration must be done until 31.01.2024, payment immediately

Normal: registration must be done until 22.04.2024, payment immediately

Late: registration after 23.04.2024, payment immediately

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. A place is only guaranteed after payment has been received.

☐ 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:	Marcel Vanderschaeghe	
	Account number:	14 50 10 351	Bank code number: 370 501 98
	Bank:	Sparkasse KölnBonn	
	IBAN:	DE55 3705 0198 0145 0103 51	BIC: COLSDE33XXX
	Use:	25. KombiSem 2024 + Name (IMPORTANT!!!)	
PayPal:	marcel@vanderschaeghe.de		