



Europäische Organisation für Selbstverteidigung e.V.
EOS e.V.

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



Europäische Organisation für Selbstverteidigung e.V.
EOS e.V.

Registration form for groups

First Name / Name: _____

Street, Nr. : _____

Postal code, City: _____

Tel. / Fax / Email: _____

Birth date: _____

Organization / School: _____

I register herewith my group / dojo _____ 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: | Marcel Vanderschaeghe |
| | Account number: | 14 50 10 351 |
| | Bank: | Sparkasse KölnBonn |
| | IBAN: | DE55 3705 0198 0145 0103 51 |
| | Use: | BIC: COLSDE33XXX 21. KombiSem 2019 + Name (IMPORTANT!!!) |
| PayPal: | marcel@vanderschaeghe.de | |

| Nr. | Name | First Name | Birth Date | Fee |
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| | Total Sum, € | | | |

Legally compulsory signature of the responsible