

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

☐ whole seminar* Early ☐ 110,- € Normal ☐ 130,- € Late ☐ 150,- €

☐ only Saturday* Early ☐ 70,- € Normal ☐ 90,- € Late ☐ 100,- €

☐ only Sunday Early ☐ 60,- € Normal ☐ 80,- € Late ☐ 90,- €

Kinds of registrations:

Early: registration must be done until 31.01.2023, payment immediately

Normal: registration must be done until 22.04.2023, payment immediately

Late: registration after 23.04.2023, 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:	24. KombiSem 2023 + 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