

## **SEMINAR**

## Moscow, Russia 18, 19 September 2010

## **APPLICATION FORM**

Please send this form by e-mail to:

Oleg Akimov

E-Mail: info@kyudo.ru Closing date: 10.09.2010

SURNAME:	
FORENAME(S):	
DATE OF BIRTH:	
PRESENT ANKF GRADE:	
MY DOJO (SENSEI):	
COUNTRY:	
ADDRESS:	
TEL:	
E-Mail ADDRESS:	
MEDICAL LIMIT:	
follow it. I agree, that in cas FEDERATION", my person can	erticipation in seminars IPO "KYUDO FEDERATION"" and oblige to e of breaking rules, plans and regulations, established IPO "KYUDO n be excluding from a seminar by administration. sary, I shall give the organizers a note in time to give potential par- chance.
	SIGNATURE:
	DATE: