



# Kali Eskrima Arnis Tapado Classical Modern System Seminar Registration Form

FIRST NAME		SEX:
LAST NAME		AGE:
POSITION/RANK/TITLE		
CLUB/ ORGANIZATION NAME		
COUNTRY ADDRESS		
HOME PHONE	WORK PHONE / MOBILE PHONE	
EMAIL ADDRESS		
IN CASE OF EMERGENCY		
CONTACT PERSON:	RELATION	PHONE
ADDRESS		
GROUP PARTICIPANTS		
List of names (you may use separate sheets for groups of more than 10)		
<b>Name:</b>	<b>Telephone:</b>	<b>Email:</b>
1		
2		
3		
4		
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8		
9		
10		

**Payment Details:**

Please bring along payment with this form

\_\_\_\_\_  
Signature over printed name (18 years old and above)    Accompanying Guardian (18 years old and below)

Please Type or Print Clearly, use separate forms for groups more than 10. Submit form via Email to us through [keat\\_cms@yahoo.com](mailto:keat_cms@yahoo.com) , [www/geocities.com/keat\\_cms\\_hk](http://www/geocities.com/keat_cms_hk), Tel: +852 91851479

We shall confirm receipt upon receiving form.