



# GBF - FIDAM - REGISTRATION FORM

EVENT NAME:

DATE:

CITY:

	NAME AND SURNAME	AGE	SEX M / F	WEIGHT	DISCIPLINE	LICENCE GBF-FIDAM YES/NO	No. COMBAT	PASSPORT GBF-FIDAM YES/NO
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

COACH'S NAME AND SURNAME:

ASSISTANT COACH'S NAME AND SURNAME:

ASSISTANT COACH'S NAME AND SURNAME:

CLUB NAME:

DIRECTOR:

PHONE:

