Schedule 1

# **APPLICATION**

for participation in the International Cup of Fellowship

of Kyokushinkai Karate Federations

among Teenage Boys and Girls, Junior Men and Women,

Men and Women in kumite

April 19-21, 2024

**dated \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(organization, country)**

**REPRESENTATIVE:**

|  |  |
| --- | --- |
| **Surname, given name, patronymic (if any)** | **position** |
|  |  |

**PARTICIPANTS:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Surname, given name, patronymic (if any)** | **Date of birth (dd/mm/yyyy)** | **Age** | **Sex** | **Kyu,**  **Dan** | **Weight** | **Category** | **Coach** | **Doctor admission** |
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**Total number allowed to participate in competitions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ athletes**

(in words)

**Seal and signature of the doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Place of Seal

(full name) (signature)

**Seal and signature of the Head of the organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/** Place of Seal

(full name) (signature)