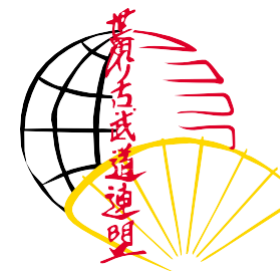


SPANISH MARTIAL ARTS FESTIVAL WKF 2025

Individual Registration Form



Name and Surname: _____ DNI: _____ Birth date: _____

Telephone: _____ Email: _____

Assistance to (check option chosen):

SEMINARS	
☐	FRIDAY
☐	SATURDAY
☐	SUNDAY
☐	FULL COURSE
☐	DINNER
☐	COMPETITION
☐	VISIT TO TOLEDO

Send by email to: info@wkfspain.es with proof of payment

Methods of payment:

-Paypal to: inerziabcn@gmail.com

-Transfer to account: ES0600810048010006204128 with the name and concept "SPANISH MARTIAL ARTS FESTIVAL"

-The day of the event