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