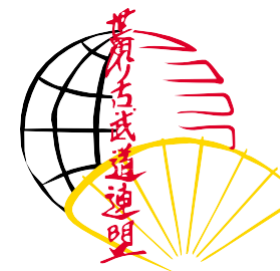


SPANISH MARTIAL ARTS FESTIVAL WKF 2026

Club Registration Form



Name of the Club: _____ Responsible (Name and surname): _____

Telephone: _____ Email: _____

List of attendees

NAME	1 Day	2 Days	3 Days	Dinner Saturday	Adult	Children	Price

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