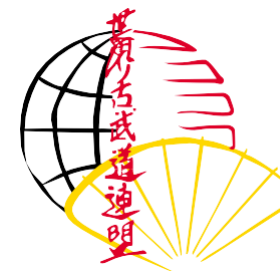


SPANISH MARTIAL ARTS FESTIVAL WKF 2026

Individual Registration Form



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

Telephone: _____ Email: _____

Asistencia a (marcar opción elegida):

SEMINARS
☐ 1 DAY ☐ 2 DAYS ☐ 3 DAYS
☐ SATURDAY DINNER
☐ ADULT ☐ CHILDREN
PRICE: _____

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