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