

IMA-Denis Stéphane Summer Camp in Croatia 2019 10th edition

APPLICATION FORM

To send by e-mail, duely filled and signed to info@stephane-denis.eu

(Please, fill in in CAPITAL LETTERS)

Surname and name of the person participating to the seminar Krav Maga I.M.A.-Denis Stéphane

Address _____

Date of birth ____/____/_____

Phone Nr. _____

E-mail _____

ID Nr. _____

Surname and name of accompanying persons (for children under age of 14 please specify their date of birth)

1 _____

2 _____

3 _____

4 _____

5 _____

Precise number of types of rooms, the period of your stay and number of nights you wish to book:

Single room ____ period _____ Number of nights _____

Double room ____ period _____ Number of nights _____

Double (twin beds) room ____ period _____ Number of nights _____

Apartment (3-6 persons) ____ period _____ Number of nights _____

By signing this form I vouch for accuracy of given information and I confirm that I understand and agree with the conditions of participation to I.M.A-Denis Stéphane Summer Camp 2019 in Croatia.

Please, sign after hand-writing « read and approved »

Date and place _____

Signature _____