**REGISTRATION FORM**

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| **APPLICANT’S INFORMATIONS** |

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| --- | --- | --- | --- |
| **SURNAME** | **NAME** | **PLACE OF BIRTH** | **DATE OF BIRTH** |
|  |  |  |  |
| **NATION** | **CITY** | **ADDRESS** |
|  |  |  |
| **TEL.** | **MOBILE** | **E-MAIL ADDRESS** |
|  |  |  |
|  **ACTUAL LEVEL** |  **DISCIPLINE** |  **STYLE/METHOD**  |
|  |  |  |

**OFFICIAL AFFILIATION**

**C**

**DECLARATION**

I request to be registered in I.B.B.A. (International Black Belts Alliance) managed by FESECAM for free. The register will give me the opportunity to learn about other black belts and to participate with them in internships internationally. With this registration I will receive the official certificate of my presence in I.B.B.A. This request must be sent to: International.ibba@gmail.com

**DOCUMENTS TO BE ATTACHED TO THIS REQUEST**

* ID Document;
* Diploma certifying the actual degree and technical qualifications;

*The applicant’s signature certificates the validity of the informations written in this registration form*

**DATE OF APPLICATION APPLICANT’S SIGNATURE**

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