

CHINESE KUNG-FU TRAINING APPLICATION FORM

GROUPNAME: _____

APPLICATION DATE: _____

CHINESE NAME		ENGLISH NAME		GENDER		PHOTO (OPTIONAL)
DATE OF BIRTH		NATIONALITY		OCCUPATION		
HEIGHT		WEIGHT		BLOOD TYPE		
HOBBY AND SPECIALITY					T-SHIRT SIZE	
EDUCATION				PASSPORT NO.		
HOW LONG HAVE YOU STUDIED KUNGFU				YOUR KUNGFU LEVEL		
HEALTH CONDITION						
CONTACT PERSON	FAMILY MEMBER	RELATION	CONTACT ADDRESS	TEL. OR MOBILE		
MAKE CHOICE OF ATTENDING DATE AND TERM		SHORT TERM 15 DAYS <input type="checkbox"/> MIDDLE TERM (30 DAYS) <input type="checkbox"/> <input type="checkbox"/> 45 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/> LONG TERM <input type="checkbox"/> () DAYS				
TRAINING DATE		REGISTRATION BY		GROUP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/>		
CHINESE LANGUAGE LEVEL						
YOUR SUGGESTIONS OR REQUEST						
THE APPLICANT DECLARE FORMALLY : 1 、 I HAVE ALREADY READ AND AGREED TO ALL CENTER ADMISSION BROCHURE CONTENTS OF 2008 CHINESE KUNG-FU SUMMER TRAINING CAMP OF CHINESE KUNG-FU TRAINING CENTER IN DETAILS. 2 、 I GUARANTEE TO OBSERVE EVERY RULES AND REGULATIONS AND DISCIPLINE IN THE TRAINING ACTIVITY, HELP EACH OTHER ATHLETE IN THE COURSE OF THE TRAINING. 3 、 I RESPONSIBLE FOR ALL THE RESULTS CAUSED BY MYSELF THE APPLICANT SIGNATURE : _____ THE GUARDIAN SIGNATURE : _____						

NOTICE: PLEASE STAMP IN THE THAT YOU AGREE.