

**2ND OPEN MEDITERRANEAN ALL MARTIAL ARTS STYLES & traditional SPORT CHAMPIONSHIP**

**40$ EACH STYLE**

**LEBANON 19\20\21 may 2017**

**CHIEF DELEGATION NAME: ----------------------------- TEL: ------------------------- FAX: ------------------**

**COUNTRY\FED\CLUB:------------------------------------ EMAIL: ----------------------------**

**Inscription sheet**

**NAME\last name date of birth PASS PORT No**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **N.B: PLEASE NOTE THAT THE** | **LAST DELAY OF INSCRIPTION** | **WILL BE ON MARCH 31,2017** |



**2ND OPEN MEDITERRANEAN ALL MARTIAL ARTS STYLES & traditional SPORT CHAMPIONSHIP**

**LEBANON 19\20\21 may 2017 40$ EACH STYLE**

**Inscription FORM’S sheet**

**COUNTRY \ FED : ----------------------------- TEL:------------------------- FAX:---------------------- EMAIL:------------------**

**EMPTY HANDS FORMS WEAPONS FORMS**

**NAME SOFT STYLE HARD STYLE SOFT STYLE HARD STYLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**N.B: PLEASE NOTE THAT THE LAST DELAY OF INSCRIPTION WILL BE ON MARCH 31, 2017**



**2ND OPEN MEDITERRANEAN ALL MARTIAL ARTS STYLES & traditional SPORT CHAMPIONSHIP**

**LEBANON 19\20\21 may 2017 40$ EACH STYLE**

**Inscription FIGHT’S sheet**

**COUNTRY \ FED : ----------------------------- TEL:------------------------- FAX:---------------------- EMAIL:------------------**

**NAME WEIGHT CATEGORY CATEGORY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**N.B: PLEASE NOTE THAT THE LAST DELAY OF INSCRIPTION WILL BE ON MARCH 31, 2017**



**\*EACH STYLE MUST CHECK *WAC* RULES: 40$ EACH STYLE**

**MANY PRIZES ARE WAITING : BELTS – CERTIFICATE – CUPS- MEDALLES & MORE..**



***MUAY THAI- TAEKWONDO - JUDO - TUISHO - K1 - MMA***

***KOWAT AL RAMI & TRADITIONAL SPORT***

***LEBANESE WAC ASSOCIATION***

**Bank Account Number**

**IBAN : ES62 1465 0100 96 1713402304**

**Registration SUBMIT:**

**secretaria@deamydc.es**



CHIEF DELEGATION SIGNATURE: -----------------------------------------