

KRAV MAGA FEKM

Fédération Européenne de Krav Maga·RD



WINTER CAMP REGISTRATION FORM

Send it back with your payment to :
FEKM-RD - Bureau administratif
15, rue des Cresses Résidence Les Cabrols Villa 63
34110 VIC-LA-GARDIOLE

REDUCED FARE BEFORE DECEMBER 10

Name : _____ First name : _____
Date of birth : _____ Email : _____
Address : _____ Phone : _____
City / Country : _____

Licensed member of the FEKM-RD : Yes No
Program that you wish to follow : Beginner Orange Green Blue Brown
(For reference only) 1st D 2nd D 3rd D 4 & 5th D

GYMNASSE LE BELVÉDÈRE : 65, RUE GAMBETTA 92150 SURESNES / FRANCE

FRIDAY 16 :

11:30 am - registration opens
Courses from 1:30 pm
to 5:30 pm

SATURDAY 17 :

Courses from 9:00 am
to 1:00 pm

SUNDAY 18 :

Courses from 9:00 am
to 1:00 pm

MONDAY 19 :

Courses from 9:00 am
to noon

FORMULE A: FULL COURSE (4 DAYS)

FORMULE B: SINGLE DAY COURSE

Not licensed FEKM-RD:
279 € (before 10/12)
329 € (after 10/12)

Licensed FEKM-RD:
249 € (before 10/12)
299 € (after 10/12)

Not licensed FEKM-RD:
74 € (before 10/12)
86 € (after 10/12)

Licensed FEKM-RD:
64 € (before 10/12)
76 € (after 10/12)

OPTION A - All courses (4 days) OPTION B - Single day(s): Friday Saturday
 Sunday Monday

If you would like an invoice, please indicate the billing name here: _____

Deposit ** : _____ € Bank transfer * Cash
 Total : _____ € Bank transfer * Cash

* You can find the IBAN on page 2
** Option A = 100 €
Option B = 30 € per day reserved

Place _____

Date _____

Signature :



RELEVÉ D'IDENTITÉ BANCAIRE

TITULAIRE DU
COMPTE : F E K M

IBAN : FR20 3000 2079 3400 0077 8319 S20

BIC : CRLYFRPP

BANQUE	INDICATIF	NUMERO DE COMPTE	CLEF
30002	07934	0000778319S	20

DOMICILIATION : CL FALAISE (05944)