|  |  |
| --- | --- |
| **Club:** | |
| **Last name:** | **First name:** |
| **Address:** | |
| **ZIP code:** | **City:** |
| **Country:** | |
| **E-mail:** | **Phone number:** |

*Please double click in the Excel form in order to fill in the Excel form.*

*Reserved for EFNTJ*

|  |
| --- |
| **Cheque payment (Payable to : EFNTJ)** |
| Bank : |
| Cheque number : |

**Please join your payment by cheque payable to EFNTJ with the registration form.**

Let us know if you prefer to make a payment by bank transfer, we will send you our bank account details.

Please send your registration form properly completed to the following address

Christelle MARTIN – EFNTJ 6 Chemin des écoles 92350 LE PLESSIS ROBINSON.

**BEFORE MAY 15nd 2017**

**All fields of the registration form should be completed**, any incomplete registration form will be returned. The registration will be taken into account only after receipt of a completed form and if so, after receipt of the bank transfer.

**No cancellation may be possible.**

For any further informations, please contact Laurent by e-mail: [president@nihon-tai-jitsu.fr](mailto:president@nihon-tai-jitsu.fr)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last name | First name | Club | Country | Reserved for EFNTJ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |