

## Masterclass AKUZAWA Minoru Sensei - April 19<sup>th</sup> & 20<sup>th</sup> 2025 in PARIS

### REGISTRATION FORM



LAST NAME :  
BIRTH DATE :  
COUNTRY :  
ADDRESS :  
PHONE NR :

FIRST NAME :  
  
  
  
E-MAIL :

#### TEACHINGS (to be paid by bank transfer)

- |                                                         |                               |                                                                                        |
|---------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------|
| Masterclass in Paris - regular price                    | <input type="checkbox"/> 190€ |                                                                                        |
| Masterclass in Paris - reduced price FI                 | <input type="checkbox"/> 140€ | for those attending the intensive seminar on April 21 <sup>st</sup> – 25 <sup>th</sup> |
| Masterclass in Paris - Saturday, April 19 <sup>th</sup> | <input type="checkbox"/> 120€ |                                                                                        |
| Masterclass in Paris - Sunday, April 20 <sup>th</sup>   | <input type="checkbox"/> 120€ |                                                                                        |
| Masterclass in Paris - half-day                         | <input type="checkbox"/> 60€  | precise: .....                                                                         |
| Deposit                                                 | <input type="checkbox"/> 60€  | precise: .....                                                                         |

We kindly ask you to provide a medical certificate issued less than 6 months ago and allowing you to practice martial arts.

#### INSURANCE (mandatory, choose one option)

- ☐ I have my own insurance covering injuries during Aunkai practice :

Organization : ..... Insurance number : .....

- ☐ I join the Kumakai for the 2024/2025 season, I fill and provide the [Kumakai registration form](#) and add 10€ to my payment for the Kumakai license fee.

#### ORGANIZATION

- ☐ I authorize the event organizers to take medical decisions in my name if required during the event.
- ☐ I authorize Su-Shiatsu and En-Corps associations to use my image for Aunkai promotion in social medias.

Date: ..... 2025

Signature :

Document(s) have to be filled and sent to [aunkai.os@gmail.com](mailto:aunkai.os@gmail.com)

For payments please use: ASSOCIATION SU SHIATSU  
IBAN: FR76 1820 6003 8765 0108 7837 863  
BIC/SWIFT: AGRIFRPP882