



KUMA KAI

Registration Form 2025/2026

NAME : _____

First Name : _____

Date of Birth : _____

Address : _____

Phone Number : _____

Email : _____

Annual fee : 10 euros

Licence number :

- I join the Kuma Kai Association

Place : _____ Date : _____

Signature

KUMA KAI is a non profit association, organizing meetings, exchanges, seminars and classes on BUDO related topics.

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Partners :



ATELIER
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