

Open Seminar AKUZAWA Minoru Sensei - April 25th & 26th 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 28 st – May1 st
Masterclass in Paris - Saturday, April 25 th	<input type="checkbox"/> 120€	
Masterclass in Paris - Sunday, April 26 th	<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 2025/2026 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:

Signature :

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

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