

Enrollment Form- Summary - 2017

Dojo Name _____

Teacher

Responsible for contacts_____

ADULTS	Number	Fee per unit		
First Enrollments		x		+
Renewals		x		+
Insurance (Italy only)		x		=
Sub total (1)				€

UNDERAGE	Number	Fee per unit		
First Enrollments		x		+
Renewals		x		+
Insurance(Italy only)		x		=
Sub total (2)				€

SUMMARY	Number			Euro	
Dojo	--				+
Adults		+	Sub total (1)		+
Underage		=	Sub total (2)		=
Tot. enrolled			Total		€

- It is certified that all those enrolled to AIA are insured only in Italy
- It is certified that all enrollees have the necessary medical documentation provided by the law

Place and date

Signature

- **Attach copy of receipt of payment**
- **Attach data of newly enrolled and exam situation of everybody**

Notes

[illegible]

Dojo Data

(Submit ONLY if not yet compiled or in case of any changes)

Complete Name

Teacher (Last name, name and grade)

Address

ZIP, city, province and Country

Days and schedule of lessons

Courses type (adults, children...)

Telephone numbers for information (public)

Web Address

Web address for information (public)

Responsible for communication with the Association

Phone number and email of the responsible for contacts

Brief description of the dojo

Notes
