

## Enrollment Form- Summary - 2020

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

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## **Dojo Data**

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

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Complete Name

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Teacher (Last name, name and grade)

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Address

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ZIP, city, province and Country

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Days and schedule of lessons

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Courses type (adults, children...)

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Telephone numbers for information (public)

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Web Address

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Web address for information (public)

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Responsible for communication with the Association

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Phone number and email of the responsible for contacts

### **Brief description of the dojo**

### **Notes**