

## Enrollment Form- Summary - 2019

Dojo Name \_\_\_\_\_

Teacher

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Responsible for contacts

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

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)

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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**

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### **Notes**

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