



ASSOCIACIÓ ESPORTIVA RENSHINKAN - BARCELONA

Registration form

NAME	SURNAME
ADDRESS	
ZIP CODE	CITY
TELEPHONE/CELL PHONE	
ID CARD	DATE OF BIRTH
E-MAIL	
OCCUPATION	
SOCIAL SECURITY ID NUMBER (CIP)	
¿HOW DID YOU HEAR ABOUT KENDO?	

BANK INFO

ENTITY
C.C.C.