



*Dynamism*



*Discipline*



*Development*

**.....Kudo Mixed Martial Art & Women's Self Defence Training Camp 20.....**

*Organised By :*

**KUDO MIXED MARTIAL ART ASSOCIATION, WEST BENGAL**

**KUDO MMA ASSOCIATION, WEST BENGAL**

**Approved By : KUDO INTERNATIONAL FEDERATION INDIA (KIFI)**

**KUDO MIXED MARTIAL ART ASSOCIATION, WEST BENGAL**

Registered By : Certificate of Registration of Societies Act. XXVI of 1961, SO264346 of 2017-2018 (Govt. of W.B.)

Affiliated By : **KUDO INTERNATIONAL FEDERATION INDIA (KIFI)**

**Camp will be Conducted by : Soshihan Mehul Vora (Mumbai), 8th Degree Black Belt (USA), 8th Degree Black Belt (Japan)  
International Kick Boxer, Krav Mega Coach & 3rd Degree Black Belt Jujutsu.**

**PARTICIPANT FORM**

*As a participant I agree to abide by terms and condition of the Membership. I shall be totally responsible for injury caused to me during the training period.*

1. Name (in block letters) \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Occupation of Father \_\_\_\_\_
4. Occupation Applicant \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ 6. Sex \_\_\_\_\_ 7. Qualification \_\_\_\_\_
8. Blood Group \_\_\_\_\_ 9. Present Rank \_\_\_\_\_
10. Present Address \_\_\_\_\_
11. Name of School / College (if Studying) \_\_\_\_\_
12. Name of KUDO MMA Training Centre \_\_\_\_\_
13. District \_\_\_\_\_ 14. State \_\_\_\_\_
15. City \_\_\_\_\_ 16. Date \_\_\_\_\_
17. Height \_\_\_\_\_ 18. Weight \_\_\_\_\_
19. KUDO MMA Students are Vegetarian or Non-Vegetarian \_\_\_\_\_

Signature of Applicant

Signature of State President

Signature of Guardian

Signature of Instructor

**LEARN KUDO ☆ LOVE KUDO ☆ LIVE KUDO**

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