**REGISTRATION FORM OF THE DREAM CUP WORLD – 06-07.10.2017. BUDAPEST, HUNGARY**

**Country/Club name: …………………………………….  Address: ………………………………………………………... Tel/email:……………………………………………………………….**

**National organization: ……………………………………………………………………. International organization: …………………………………………………………………………….….**

**Country rep./Branch chief: ……………………………………………………. Club leader:………………………………………….. Contact person:……………………………………………**

**Tel:..................................................................  Email: ………………………………………………………………………… Facebook :……………………………………………………………..**

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| **No** | **Name family, given** | **Country/ club** | **Grade kyu/dan** | **Competitor-referee official, spectacular** | **Kumite** | **Kata** | **Entry fee** | **Hotel name** | 03 oct | 04 oct | **05** oct | **06** oct | **07** oct | **08** oct | 09 oct | **Transf 20Eur** | **Wel.party 20 Eur** | **Say.party 30 Eur** | **Ticket 06-07.** | **Comment alltogether** |
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