

I.H.H.H.F CHAMPIONSHIP

Please fill out the form and send by email. We look forward to your participation!

TURNAMENT:	
Name applicant:	
School/Dojang:	
I.H.H.H.F-Member:	Yes
	No
Name of association:	
E-MAIL address:	
Phone:	
Total number of starters:	
Trainer/Coach(es) NAME:	
STYLE(S):	
Category:	
Starter 1:	
Starter 2:	
Starter 3:	
Starter 4:	
Starter 5:	
Starter 6:	
Starter 7:	
Starter 8:	
Starter 9:	
Starter 10:	
Space for messages/informations	

For fees and pricing information, please contact the office of the I.H.H.H.F.: Bruchhausener Straße 29, D-59759 Arnsberg, Salvatore Tiso.