

# I.H.H.H.F - COURSE

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

Name of Course:	
Date:	
Name participant:	
Association/ Dojang:	
I.H.H.H.F-Member:	YES
	NO
E-MAIL:	
Phone:	
Total number of participants:	
Participant 1:	
Participant 2:	
Participant 3:	
Participant 4:	
Participant 5:	
Participant 6:	
Participant 7:	
Participant 8:	
Participant 9:	
Participant 10:	
Participant 11:	
Participant 12:	
Participant 13:	
Participant 14:	
Participant 15:	
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.