



**Miejski Klub Sportowy
„LEWART” AGS**

21 – 100 Lubartów, ul Krzywe Koło 34a, tel. +48603133228

Bank account: 52 2030 0045 1110 0000 0392 0200 BGŻ BNP Paribas S.A. o/Lubartów

**Central Taekwon-Do Winter Camp
SZCZYRK, 14-20 January 2020r**

APPLICATION FORM

1. First name and family name
2. Date of birth.....
3. Address
(postcode) (town) (province)
.....
(street) (house no) (flat no)
4. Phone number and e-mail address:
5. Name of original Taekwon-Do school
6. Current Taekwon-Do grade/degree
7. Confirmation of attendance at the ski slope Yes No
8. Level of advance in skiing/snowboarding beginner intermediate advance

I wish to enrol for Central Taekwon-do Winter Camp and will obey its regulations.

I hereby certify to have a medical and accident insurance no

.....
(signature - full name)

*Please send the application before **30 December 2019**
to the email address: info@pztkd.lublin.pl*